PER

The New York
Academy of Medicine



By Exchange

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV JULY, 1947 No. 1

IN THIS ISSUE

The Eye In Thyroid Disease
John H. Dunnington

The Doctor And The Public
Frank G. Slaughter

The Physician's Responsibility
W. C. Thomas

Spadework
An Editorial

EXCH. BULL

(Complete Table of Contents Page 4)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

SYMBOLS OF SIGNIFICANCE

A freer life--a fuller life

DILANTIN SODIUM



NEW YORK ACADEMY
OF
NOV 10 1948
LIBRARY
265088

Every epileptic seizure takes its toll—psychically and somatically. Mental deterioration, extreme emotional instability and physical decline are generally the ultimate fate of the untreated.

DILANTIN SODIUM KAPSEALS, by effective anti-convulsant action with comparatively little hypnotic effect, help grant the epileptic a happier life—freer from attacks and from the *fear* of attacks.

DILANTIN SODIUM KAPSEALS are one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics–MEDICAMENTA VERA.

DILANTIN SODIUM KAPSEALS
(diphenylhydantoin sodium), containing 0.03 gm. (1/2 grain) and 0.1 gm. (1-1/2 grains), are supplied in bottles of 100 and 1000.
Individual dosage is determined by the response of the patient.



PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

Exch. Bell.

Per

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917: authorized October 16, 1918.

Published monthly at Jacksonville, Florida

Price $5.00 a year. Single numbers, 50 cents

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association,
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS PAGE

The Eye in Thyroid Disease, John H. Dunnington, M.D., New York 29

The Doctor and the Public, Frank G. Slaughter, M.D., Jacksonville 33

A History of Medicine in Duval County—Part XI, Webster Merritt, M.D., Jacksonville 38

Skin Manifestations Associated with Intestinal Infestations, Miriam M. Drane, M.D., St. Petersburg 40

Hospital Case Reports 42

From our President; The Physicians' Responsibility 45

Editorials: Spadework; Air Power is Peace Power; Florida Medical Service Plan Leads in Increased Enrolment; "Stephen Graham, Family Doctor", Trudeau Society in Florida 46

State News Items 48

Births and Deaths 50

Component County Society Notes 50

Schedule of Meetings 57

Component Societies by Medical Districts 58



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS

$14,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

On the Plus Values In Variety Meats

Variety meats—as the meat industry terms liver, kidney, heart, thymus (sweetbreads), and tongue—are at least as nutritionally desirable as muscle meat. In fact, in some respects certain organ meats are superior.

They provide the indispensable amino acids in the same advantageous complete assortment as muscle meat. Hence their protein is of the same high biologic value, capable of meeting every protein need of the organism. Quantitatively their protein content is approximately equal to that of muscle meat.

For hemoglobin synthesis, liver and kidney have been found superior not only to all other protein sources so far studied but also to muscle meat itself.

All organ meats are good sources of the B-complex vitamins. Some of them, such as liver and kidney, are especially rich in niacin. Liver is also an excellent source of vitamin A.

Apparently the vital role these organs play in the functioning of the animal body is reflected in the valuable contribution they can make to human nutrition. Their frequent inclusion in the human dietary—during disease as well as in health—is amply justified.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

VOLUME XXXIV
NUMBER 1

On the occasion of the 100th Anniversary of the American Medical Association . . .

IN TRIBUTE TO THE

. . . "for services

WHO shall measure devotion, or put a price on sacrifice?
Who shall assess the long war against the power of Death?
Or set a sum upon the gift of Life?

There is a service beyond the measure of a fee.
A cause above remuneration.
An ideal for which there is no price.
This is the service...the cause...the ideal...of the American doctor.

How shall we reckon it, and by what formulae?
How much for the laughter of a little child rescued out of crisis?
What's the cost of discouragement?
Who can pay for a sleepless night?
Name the price of a cure!

AMERICAN DOCTOR

rendered..."

There is no algebra for it, no scribble of figures, no proper value.
For this is a service as large as life, and as manifold.
It is a soldier crying in agony on a thousand battlefields.
It is the terrible word 'Why?" under the surgeon's probe.
It is the end of pain.
It is Hope.
It is the lonely, unending quest for knowledge.
It is the fight against ignorance, sloth, superstition.
It is the dumb, unspeakable joy in the eyes of a parent.
It is the rock of grief.
It is cold rain and pounding storm and bone-weariness and the new-born babe gasping its first breath in the grey dawn.
It is all this, and the quiet glory of the job done,
Dedicated to service—in the name of Mercy
And the common brotherhood of man.

PHILIP MORRIS & COMPANY

PHILIP MORRIS *will be happy to send you a handsomely printed and illuminated copy of this tribute, suitable for framing. Please make your request on your professional stationery. Address Research Dept.,* PHILIP MORRIS & CO., LTD., INC. *119 Fifth Ave., New York 3, N.Y.*

Optimum Protection



Ramses
PRESCRIPTION PACKET
NO. 501

1. Extensive clinical experience has established that the combined use of an occlusive diaphragm and a spermatocidal jelly affords the optimum in protection to the patient.

2. A comprehensive report shows an overwhelming preference for the diaphragm-jelly technique of conception control. In a survey comprising 36,955 cases, clinicians prescribed this method for 34,314 or 93 per cent.[1]

3. Warner,[2] in a study of 500 cases in private practice, concludes that the combined technique is the most efficient method; there was no case of unexplained failure.

4. For the optimum of protection and simplicity in use we suggest the "RAMSES" Prescription Packet NO. 501 . . . a complete unit, containing a "RAMSES" Patented Flexible Cushioned Diaphragm of prescribed size, a "RAMSES" Diaphragm Introducer of corresponding size, and a large tube of "RAMSES" Vaginal Jelly.† Available through all prescription pharmacies. Complete literature to physicians on request.

[1]Human Fertility 10: 25 (Mar.) 1945.

[2]Warner, M. P.: J.A.M.A. 115: 279 (July 27) 1940.

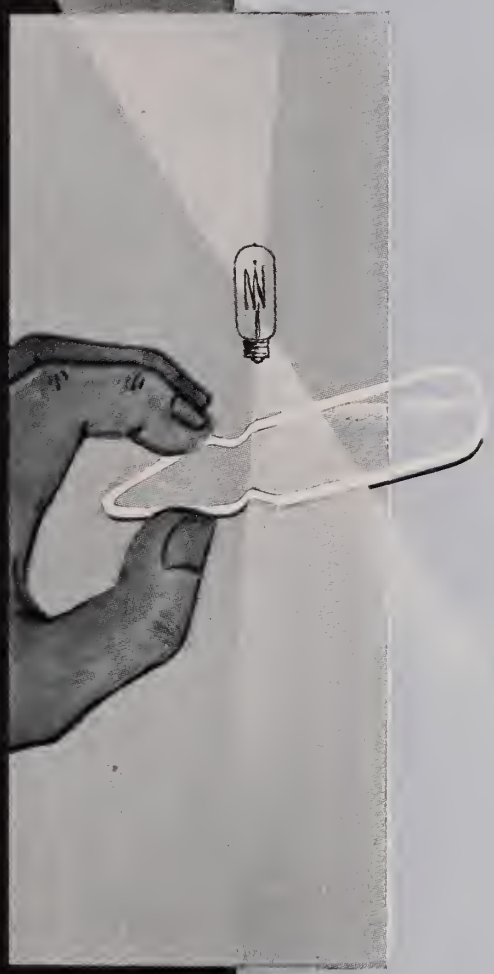
gynecological division
JULIUS SCHMID, INC. 423 W. 55th ST. • NEW YORK 19, N. Y.
quality first since 1883

The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

†Active ingredients: Dodecaethyleneglycol monolaurate 5%; Boric Acid 1%; Alcohol 5%.

TRADE MARK OF Ramses DEPENDABILITY

Hold it up to the Light!



A life may depend on the purity and clarity of the urographic contrast medium to be injected intravenously. NEO-IOPAX, a superior solution for intravenous pyelography, is triple checked through every stage of its preparation for exact composition and sterility, and then inspected repeatedly for the presence of extraneous foreign matter.

Neo-Iopax

disodium N-methyl-3,5-diiodo-chelidamate

Hold your contrast medium up to the light before injecting it. You will find NEO-IOPAX solutions sparkling and crystal clear—a good index of the care with which they have been processed. Naturally, we take pride in the NEO-IOPAX safety record, based on hundreds of thousands of injections.

NEO-IOPAX, stable solution of disodium N-methyl-3,5-diiodo-chelidamate, is available in *water-clear glass ampules only*, in 50 and 75% concentrations.

Trade-Mark NEO-IOPAX—Reg. U.S. Pat. Off.

SCHERING

Schering CORPORATION · BLOOMFIELD, N. J.

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL



KAPSEALS®
50 mg. each,
in bottles of 100
and 1000.

BENADRYL® hydrochloride

The results of a recent survey of the clinical use of Benadryl (diphenhydramine hydrochloride) in 2665 patients are shown in the accompanying table.

The efficacy of this new antihistaminic is also attested to in over 150 reports published in the medical literature.



ELIXIR
10 mg. in each
teaspoonful, in pints
and gallons.



CAPSULES
25 mg. each,
in bottles of
100 and 1000.

ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

THERAPEUTIC RESULTS WITH BENADRYL IN 2665 PATIENTS

Clinical Entity	Patients	Satisfactory	Questionable	No Benefit	% Showing Improvement
URTICARIA	766	692	16	58	90.3
VASOMOTOR RHINITIS	349	268	2	79	76.7
ECZEMA	128	79	7	42	61.7
HAY FEVER	425	350	36	39	82.4
ASTHMA	435	275	7	153	63.2
MIGRAINE	73	48	1	24	65.7
ANGIONEUROTIC EDEMA	54	46	1	7	85.2
ATOPIC DERMATITIS	66	42	1	23	63.6
PRURITUS	24	18		6	75.0
ERYTHEMA MULTIFORME	28	22		6	78.6
DERMOGRAPHIA	20	15		5	75.0
FOOD ALLERGY	37	32		5	86.5
CONTACT DERMATITIS	63	49		14	77.7
PHYSICAL ALLERGY	11	7		4	63.6
REACTIONS—ANTIBIOTIC	84	81	1	2	96.4
REACTIONS—DRUGS	46	42		4	91.3
REACTIONS—BIOLOGICS	12	12			100.0
OYSMENORRHEA*	44	38		6	86.3
TOTALS	2665	2116	72	478	79.39

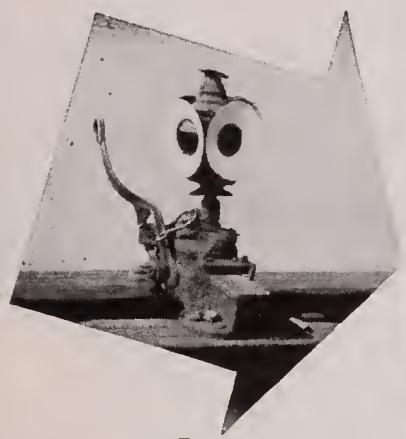
*those cases due to histamine-induced spasm of smooth muscle.

Benadryl
hydrochloride

MEDICAMENTA VERA · P&Co.

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN







a switch in time

A switch to 'Wellcome' Globin Insulin with Zinc can often save the annoyance of a second or third daily insulin injection—for in many cases the patient's needs can be supplied with *only one injection a day* of this unique intermediate-acting insulin Three distinct steps provide the welcomed change-over:

1. THE INITIAL CHANGE-OVER DOSAGE: The first day, 30 minutes or more before breakfast, give a single dose of Globin Insulin, equal to ½ the total previous daily dose of protamine zinc insulin or of protamine zinc insulin combined with regular insulin. The next day, dose may be increased to ⅔ former total.

2. ADJUSTMENT TO 24-HOUR CONTROL: Gradually adjust the Globin Insulin dosage to provide 24-hour control as evidenced by a fasting blood sugar level of less than 150 mgm. or sugar-free urine in the fasting sample.

3. ADJUSTMENT OF DIET: Simultaneously adjust carbohydrate distribution of diet to balance insulin activity; initially 2/10, 4/10 and 4/10. Any midafternoon hypoglycemia may usually be offset by 10 to 20 grams carbohydrate at 3 to 4 p.m. Base final carbohydrate adjustment on fractional urinalyses.

Most mild and many moderately severe cases may be controlled by *one daily injection of 'Wellcome' Globin Insulin with Zinc.* Vials of 10 cc.; 40 and 80 units per cc. Developed in The Wellcome Research Laboratories, Tuckahoe, New York. U.S. Pat. 2,161,198. Literature on request.

'Wellcome' Trademark Registered

'WELLCOME' Globin Insulin WITH ZINC

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 EAST 41ST STREET. NEW YORK 17, N.Y.



A SAFE *Summer* PRESCRIPTION FOR INFANT NUTRITION

Even under the handicaps of travel or vacation accommodations, a mother can easily prepare a *safe* formula for her infant . . . by just adding cooled boiled water to Biolac according to the physician's directions. The simplicity of preparation (dilution only) minimizes possibilities of formula contamination even under adverse conditions.

In addition to safety and simplicity of preparation, Biolac formulas provide complete nutrition when supplemented with vitamin C. No chance omission of needed vitamins, carbohydrates or iron can occur. Biolac simply and safely affords nutritional elements for optimum health.

Easily calculated . . . quickly prepared. 1 fl. oz. Biolac to 1½ fl. oz. water per pound of body weight.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE · · NEW YORK 17, N. Y.

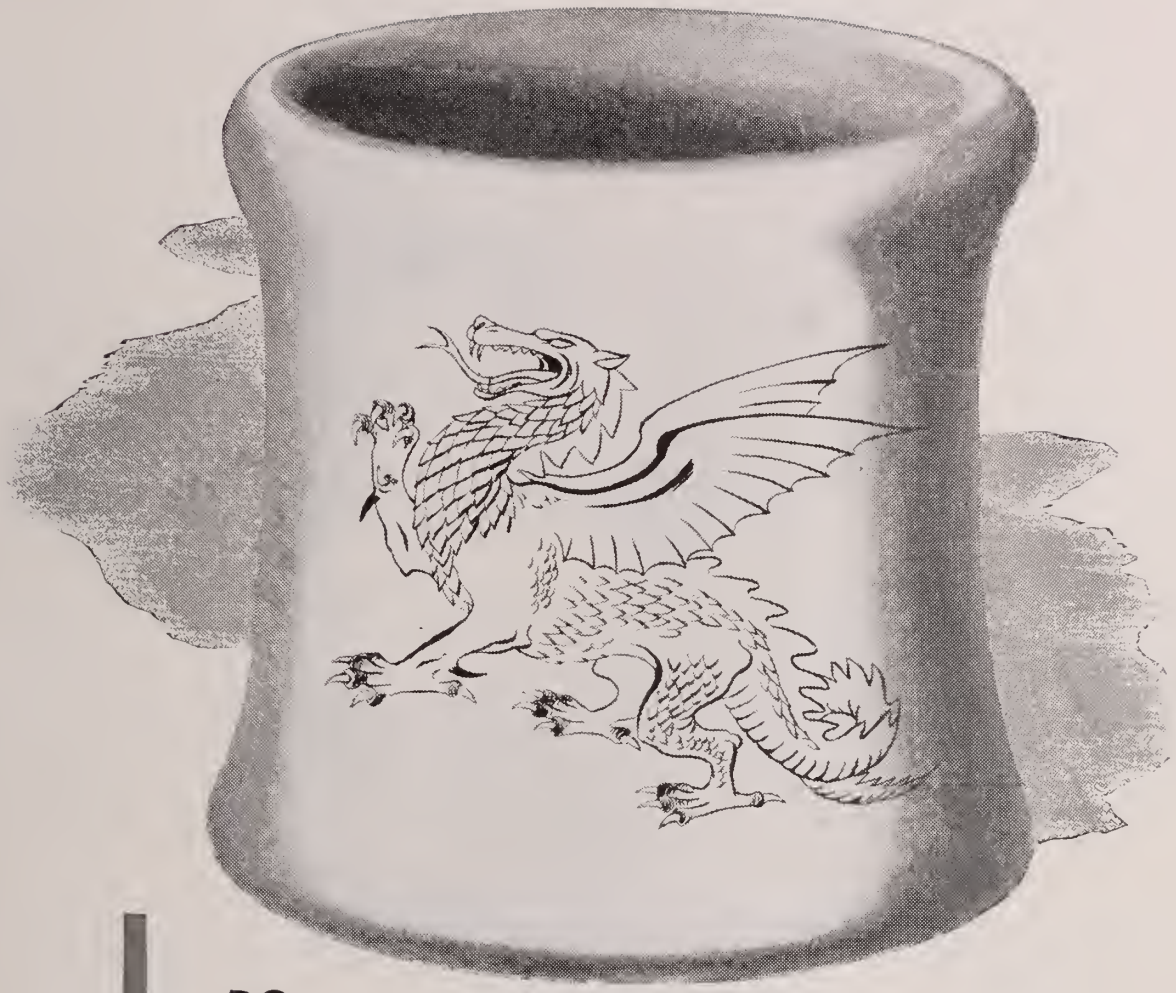


Biolac

"BABY TALK" FOR A GOOD SQUARE MEAL

Biolac is a liquid modified milk, prepared from whole and skim milk, with added lactose, and fortified with vitamin B_1, concentrate of vitamins A and D from cod liver oil, and iron citrate. Evaporated, homogenized, and sterilized. Biolac is available in 13 fl. oz. cans at all drug stores.

ACCEPTED AMERICAN MEDICAL ASSN



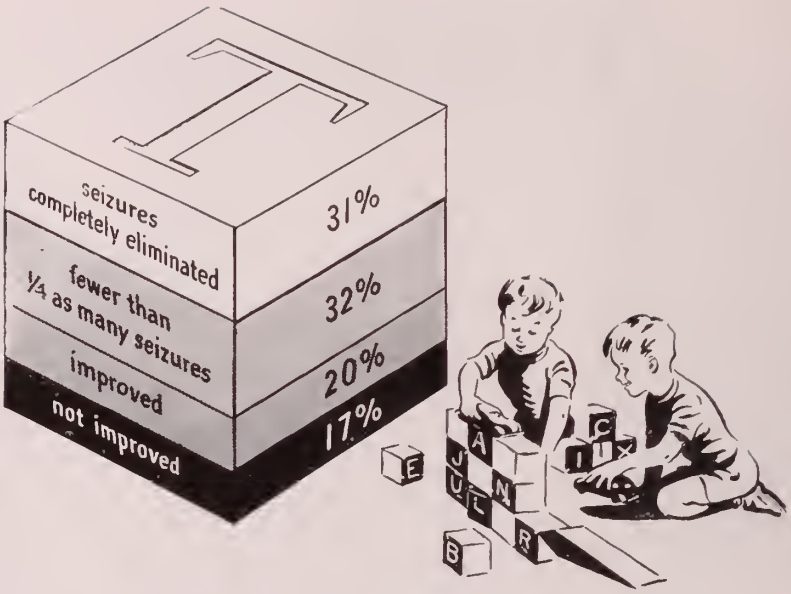
DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

In medieval times, the dragon was the symbol of the chemist and apothecary. Ancient alchemists were said to use dragon's blood in their potions, and the dragon came to mean certain chemical actions. An apothecary advertised his wares to the world by painting a dragon on a drug pot, and hanging it over his door.

Today it is the familiar Rexall sign which assures you of superior and dependable pharmacal service. Displayed over more than 10,000 independent drug stores throughout the country, the Rexall symbol on drugs means pure, potent and uniform drugs, laboratory tested under the rigid Rexall system of controls. It means unexcelled pharmacal skill in compounding them.

Rexall
DRUGS
REXALL FOR RELIABILITY

REXALL DRUG COMPANY
LOS ANGELES, CALIFORNIA
PHARMACEUTICAL CHEMISTS FOR MORE THAN 44 YEARS



85% of petit mal cases improve with Tridione

BIBLIOGRAPHY

1. Richards R K., and Everett, G M. (1944), Analgesic and Anticonvulsant Properties of 3,5,5-Trimethyloxazolidine-2 4-dione (Tridione), Federation Prac., 3 39, March. 2. Goodman, L., and Manuel C. (1945), The Anticonvulsant Properties of Dimethyl-N-methyl Barbituric Acid and 3,5,5-Trimethyloxazalidine-2,4-dione (Tridione), Federation Proc., 4 119, Mar. 3. Goodman, L. S., Toman, J E P., and Swinyard, E A (1946), The Anticonvulsant Properties of Tridione, Am J. Med., 1 213, September. 4. Richards, R K., Perlstein, M. A. (1946), Tridione, a New Drug for the Treatment of Convulsive and Related Disorders, Arch. Neurol. and Psychiat., 55 164, February. 5. Lennox, W G. (1945), The Treatment of Epilepsy, Med Clin. North America, 29 1114, September. 6. Thorne, F. C (1945), The Anticonvulsant Action of Tridione: Preliminary Report, Psychiatric Quart., 19: 686, Oct. 7. Lennox, W G. (1945), Petit Mal Epilepsies: Their Treatment with Tridione, J. Amer. Med. Assn., 129 1069, Dec. 15. 8. Lennox, W. G. (1946), Newer Agents in the Treatment of Epilepsy, J. Pediat., 29 356, Sept. 9. De Jong, R. N. (1946), Effect of Tridione in Control of Psychomotor Attacks, J Amer. Med Assn., 130: 565, Mar 2 10. Perlstein, M. A., and Andelman, M B (1946), Tridione Its Use in Convulsive and Related Disorders, J Pediat., 29 20, July. 11. Lennox, W. G. (1946), Two New Drugs in Epilepsy Therapy Am J Psychiat., 103 159, Sept. 12. DeJong, R N (1946), Further Observations on the Use of Tridione in the Control of Psychomotor Attacks, Am J Psychiat., 103 162, Sept 13. Lennox, W G (1947), Tridione in the Treatment of Epilepsy, J. Amer. Med. Assn., 134 138, May 10.

Here's new evidence of the effectiveness of Tridione in the treatment of petit mal. In a recent study, Tridione was given to 166 patients suffering from petit mal (pyknoepilepsy), myoclonic jerks or akinetic seizures.[13] This group as a whole had received but mediocre benefits from other medicaments. With Tridione, 31% of the 166 became free of seizures; 32% had fewer than one-fourth of the previous number of seizures; 20% improved to a lesser extent; 13% remained unchanged, and only 4% became worse. *Thus 83% showed improvement.* In some cases the seizures *did not return* after Tridione was discontinued, the longest seizure-free period thus far being 18 months. Studies also have shown that Tridione is of benefit to certain psychomotor patients when given in conjunction with other antiepileptic drugs.[12] Tridione is available through your pharmacy in 0.3-Gm. capsules and in pleasant-tasting aqueous solution containing 0.15 Gm. per fluidrachm. Capsules in bottles of 100 and 1000; solution in 1-pint and 1-gallon bottles. If you wish to know more about Tridione, just write to ABBOTT LABORATORIES, North Chicago, Illinois.

Tridione®

(TRIMETHADIONE, ABBOTT)



pyribenzamine

PYRIBENZAMINE, the new Ciba antihistaminic and anti-allergic, is proving highly useful in relieving the symptoms of a wide range of allergies. Medical reports in impressive numbers show favorable clinical results in urticaria, seasonal and non-seasonal rhinitis, pruritus, and other allergic manifestations. For practical purposes Pyribenzamine can be regarded as giving a comparatively low frequency and intensity of side reactions. This permits tolerance of larger doses and enables the physician to obtain results where smaller doses are not effective.*

*Feinberg, S. M.: J.A.M.A., 132: 702 (Nov. 23) 1946.

PYRIBENZAMINE (brand of tripelennamine) Trade Mark Reg. U. S. Pat. Off.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

* whenever antihistaminics are indicated

PYRIBENZAMINE

now readily available

You can now prescribe Pyribenzamine with the assurance that your prescriptions will be promptly filled.

● In its comparatively low frequency of side reactions, permitting larger doses where needed, Pyribenzamine offers important therapeutic advantages whenever antihistaminic medication is indicated. This new product of Ciba research is characterized by its capacity to counteract many of the effects of histamine. It prevents and controls certain allergic manifestations believed to be caused wholly or in part by release of histamine. Its action is palliative, not curative.

In the suggested list of indications below, Pyribenzamine has been used advantageously by many clinical investigators.

Detailed information and samples of Pyribenzamine can be obtained by writing the Professional Service Division.

- Chronic Urticaria
- Acute Urticaria
- Dermographism
- Angioneurotic Edema
- Hay Fever
- Vasomotor Rhinitis
- Atopic Dermatitis
- Serum Reactions
- Asthma
- Urticarial Food and Drug Reactions



ATOPIC DERMATITIS

Flexural eczema. Pyribenzamine relieves itching in acute and chronic eczemataid reactians in a substantial number of cases.



ACUTE URTICARIA

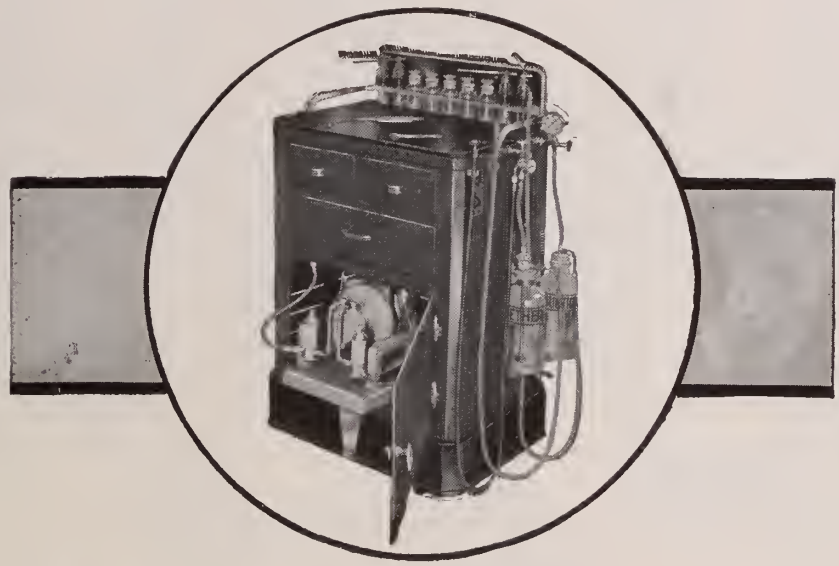
Pyribenzamine is highly effective in contral af itching. Eighty-five ta ninety-five per cent af patients experience relief.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CIBA

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY



Moorhead **SUCTION and PRESSURE TREATMENT UNIT**

Because of its versatility, its attractive appearance and its moderate price, the Moorhead is one of our most popular Suction and Pressure Treatment Cabinets. It makes a very valuable piece of equipment for either the office or for clinic use.

The cabinet is modern in design, and is finished in White Enamel, American Walnut or Mahogany. The top is black glass. The cabinet is equipped with five glass stoppered salt mouth bottles and four De Vilbis sprays. Ball rollers allow free effortless movement.

Quiet vibrationless operation is assured by the new and improved spring suspended motor and compressor unit, which is equipped with a carrying handle, so that it can be transported with necessary accessories, thus making the apparatus a combination portable or office treatment unit.

SKLAR PRODUCT

Complete with accessories
White enamel finish **$220.00**

Complete with accessories
Without ether bottle **$205.00**

Mahogany, American Walnut or any other color finish 5.00 extra

Illustrated folder with detailed description, furnished on request.



Surgical Supply Company

Established 1916

T. EMMETT ANDERSON, Pres. & Gen. Mgr. FRANK E. COOPER JR., V Pres.

WHOLESALE DISTRIBUTORS OF HOSPITAL, LABORATORY, INSTITUTIONAL & PHYSICIANS EQUIPMENT & SUPPLIES. DRUG SPECIALTIES. CHEMICALS

FLORIDA AGENT MATTERN X-RAYS

JACKSONVILLE *TAMPA* *ST. PETERSBURG*

WALKER

100 TABLETS
ASCORBIC ACID
(VITAMIN C)
100 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Ascorbic Acid deficiencies
VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK

100 CAPSULES
WALKER'S
HEXAVITAMIN
(U.S.P.)
PER CAPSULE
Vitamin A 2500 U.S.P. Units
Vitamin D 200 U.S.P. Units
Thiamine . . . 1. Mg.
Riboflavin . . . 1.5 Mg.
Ascorbic Acid . . 37. Mg.
Niacinamide . . 10. Mg.
DOSE To be determined by physician in accordance with needs of the individual
M.D.R. = Minimum Daily Requirement

100 TABLETS
ASCORBIC ACID
(VITAMIN C)
50 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Ascorbic Acid deficiencies

60 cc.
WALKER'S
CONCENTRATED OLEO VITAMIN
A-D DROPS
DAILY DOSAGE
Each GRAM contains
VITAMIN A (from Cod Liver Oil) 62,500 U.S.P. UNITS
VITAMIN D (Activated Ergosterol) 10,000 U.S.P. UNITS
INFANT 3 Drops — 400% — 250%
CHILD 6 Drops — 400% — 500%
ADULT 9 Drops — 400% — 600%
Above dosage supplies following % Minimum daily requirement
Place on tongue or mix with fruit juices or food
Dropper furnished delivers approximately 30 drops per cc.
Each drop contains not less than 2000 U.S.P. units Vitamin A and 333 U.S.P. units Vitamin D
A solution of distilled Vitamin A Ester concentrate with activated ergosterol in corn oil. Flavored with cinnamon.
PRINTED IN U.S.A.

CONFIDENCE

The hallmark of Walker manufacture is its uncompromising emphasis on quality. Rigid controls at every stage of production, from raw materials to the finished products, insure their dependability. Physicians know that Walker vitamin products can be prescribed with confidence.

Walker
VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK

100 TABLETS
NIACINAMIDE
(NICOTINAMIDE)
50 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacinamide deficiencies.

100 TABLETS
NIACIN
(NICOTINIC ACID)
100 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacin deficiencies

15 cc
WALKER'S
SOLUTION THIAMINE HYDROCHLORIDE
STABILIZED AQUEOUS SOLUTION
Per CC.
THIAMINE HYDROCHLORIDE (B_1) 5 Mg.
DOSAGE — % M.D.R.
INFANT . . . . 3 Drops 400%
CHILD 1-6 Yrs. 6 Drops 400%
CHILD 6-12 Yrs. 9 Drops 400%
ADULT . . . . 12 Drops 400%
MORE AS DIRECTED BY PHYSICIAN
M.D.R. = Minimum Daily Requirement.
DROPS MAY BE ADDED TO MILK, FRUIT JUICES OR FOOD
DROPPER SUPPLIED DELIVERS APPROX 15 DROPS PER CC.
WALKER VITAMIN PRODUCTS, INC.
Mount Vernon, New York

100 TABLETS
RIBOFLAVIN
5 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Riboflavin deficiencies

100 TABLETS
THIAMINE HYDROCHLORIDE
(VITAMIN B_1)
10 MG.
Caution
For therapeutic use only. To be used only by or on prescription of a physician
For use in the treatment of Thiamine deficiencies
WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK

100 TABLETS
NIACIN
(NICOTINIC ACID)
50 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacin deficiencies.
WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK



Menopausal
Relief...
Plus
A General
Sense of
Well-Being

There is usually a "plus" in the treatment of the menopause when "Premarin" is employed. The "plus" is the gratifying "sense of well-being" so many women experience following orally active "Premarin" therapy. It is the intangible factor which, added to relief of distressing symptoms, enables the middle-aged woman to resume her normal routine of useful and enjoyable occupations.

To permit flexibility of dosage and enable the physician to adapt oral estrogenic therapy to the particular needs of the patient, "Premarin" is supplied in three potencies:

Tablets of 2.5 mg. . . . . bottles of 20 and 100.
Tablets of 1.25 mg. . . . . bottles of 20, 100 and 1000.
Tablets of 0.625 mg. . . . . bottles of 100 and 1000.
Liquid, containing 0.625 mg. in each 4 cc. (1 teaspoonful)—bottles of 120 cc.

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present as water soluble sulfates. The water solubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited
22 EAST 40th STREET, NEW YORK 16, N. Y.



Crystalline Penicillin G Sodium Merck—An Improved, Highly Purified Product



★ No refrigeration required for dry form.

★ Therapeutically inert materials which may act as allergens have been virtually eliminated.

★ Minimum irritation on injection as a result of removal of therapeutically inert materials.

★ Meets exacting Government specifications for Crystalline Penicillin G.

★ Penicillin G has been proved to be a highly effective therapeutic agent.

CRYSTALLINE PENICILLIN G SODIUM MERCK

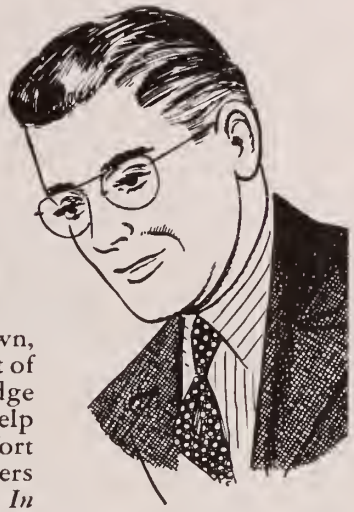
MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

MERCK MERCK

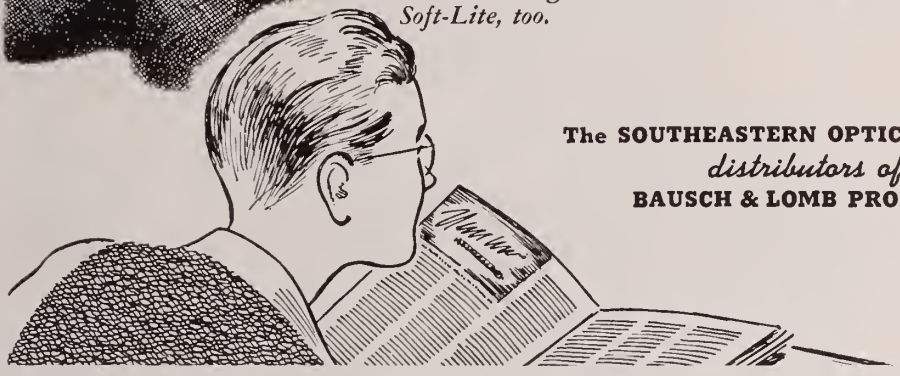


FROM EVERY ANGLE . . .

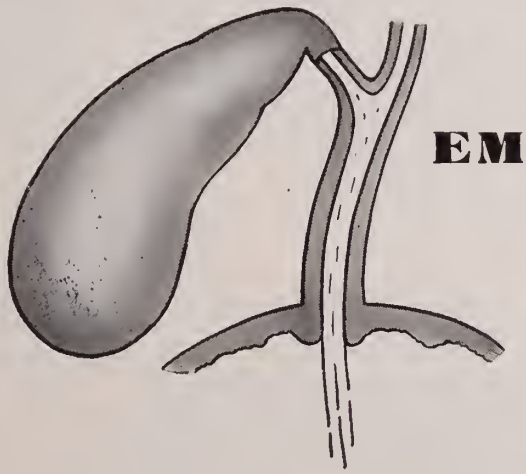


It's Orthogon

Whether the patient looks up, down, or to the side, he has the full benefit of your prescription from edge-to-edge in Orthogon lenses. Designed to help you give extra protection and comfort to active modern eyes, Orthogon offers a full 60° angle of corrected vision. *In Soft-Lite, too.*



The SOUTHEASTERN OPTICAL CO., Inc.
distributors of
BAUSCH & LOMB PRODUCTS



EMPHASIS ON
FLOW—

Decholin

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

REG. U.S. PAT. OFF.

3¾ gr. tablets. Boxes of 25, 100, 500 and 1000; *powder* 25 *Gm.*

Fluidity of the bile is the factor which determines success in removal of thickened and purulent material from the bile passages. Decholin (chemically pure dehydrocholic acid) stimulates the liver cells to produce a thin, *easily flowing* bile, which flushes the ducts, and promotes drainage.

AMES COMPANY, Inc.
Successors to Riedel - de Haen, Inc.
ELKHART, INDIANA

Dairy Foods
SHOULD BE
Daily Foods



A delightful way to get the daily quota of nourishing dairy foods is Sealtest Ice Cream. In addition to Vitamin A and calcium, it is rich in other minerals, vitamins and protein, and contains 10 important Amino Acids.

Tune in the Sealtest Village Store, Thursday Evenings, NBC

Southern Dairies

Sealtest
ICE CREAM
THE MEASURE OF QUALITY

Experience is the Best Teacher



Marshall Hall

(1790-1857)

proved it in physiology

Hall's greatest achievement was his discovery of reflex action. He noted the essential relationship of the sensory and motor nerves and the segment of the spinal cord from whieh they originated. At first ignored by his colleagues, he continued his studies until finally the weight of his vast experiences forced universal acceptance of his discovery.





Yes, experience is the best teacher in smoking too!

IT WAS their experience during the wartime shortage of cigarettes whieh taught people the big differences in cigarette quality. People smoked many different brands then—whatever brand was available. And so many more smokers came to prefer Camels as a result of that experienee that now more people are smoking Camels than ever before. However, no matter how great the demand, *we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.*

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

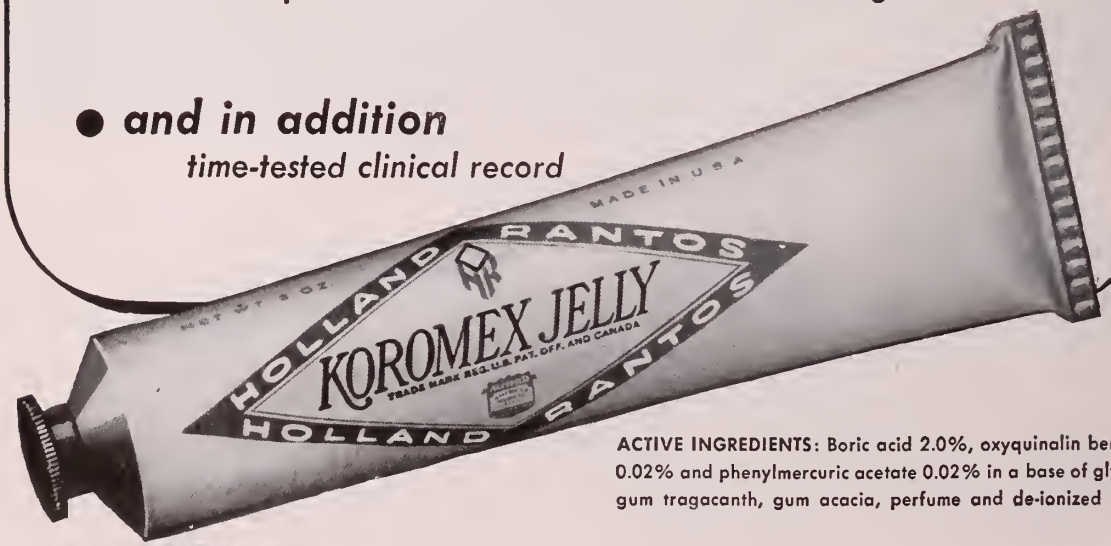
than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

tests prove

KOROMEX JELLY

- **Fastest Spermicidal Time**
  measurable under Brown and Gamble technique
- **Proper Viscosity**
  for cervical occlusion
- **Stable Over Long Period of Time**
  pH consistent with that of the normal vagina
- ***and in addition***
  time-tested clinical record



ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinalin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

ACCEPTED
AMERICAN MEDICAL ASSN
Council on Pharmacy and Chemistry

Prescribe Koromex Jelly with Confidence

. . . send for literature

HOLLAND-RANTOS COMPANY, INC., 551 FIFTH AVENUE, NEW YORK 17, N. Y.



(Above) Fitting practice session at recent CAMP Instructional Course

YOUR PATIENTS ARE PROPERLY FITTED
When You Recommend CAMP *Scientific Supports*

CAMP fitters are conscientiously trained to work on the physician's team as technicians in scientfic supports. Annual four-day sessions in New York and Chicago (now in their 19th year), a steady schedule of regional classes, individual instruction by the corps of CAMP registered nurses and professionally edited handbooks and other helpful literature have trained thousands of fitters in prescription accuracy and ethical procedure.

S. H. CAMP AND COMPANY, JACKSON, MICHIGAN
World's Largest Manufacturers of Scientific Supports
Offices in New York • Chicago • Windsor, Ontario • London, England

VOLUME XXXIV
NUMBER 1



the art of eating

Too many people "seem to feel that the art of eating consists of filling the stomach to capacity three times a day."[1] They ignore the fact that "calories alone do not make a balanced diet."[1] They need, therefore, and will continue to need, support of vitamin supplements. To better reconcile the science of nutrition with the "art of eating," Upjohn provides a full range of potent, balanced vitamin preparations. In a variety of dosage forms, Upjohn vitamins help paint a better nutritional picture for all age groups by obviating deficiencies or providing for their treatment in the practice of medicine and surgery.

1. J. South Carolina M. Assn. 52:186 (July) 1946.

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

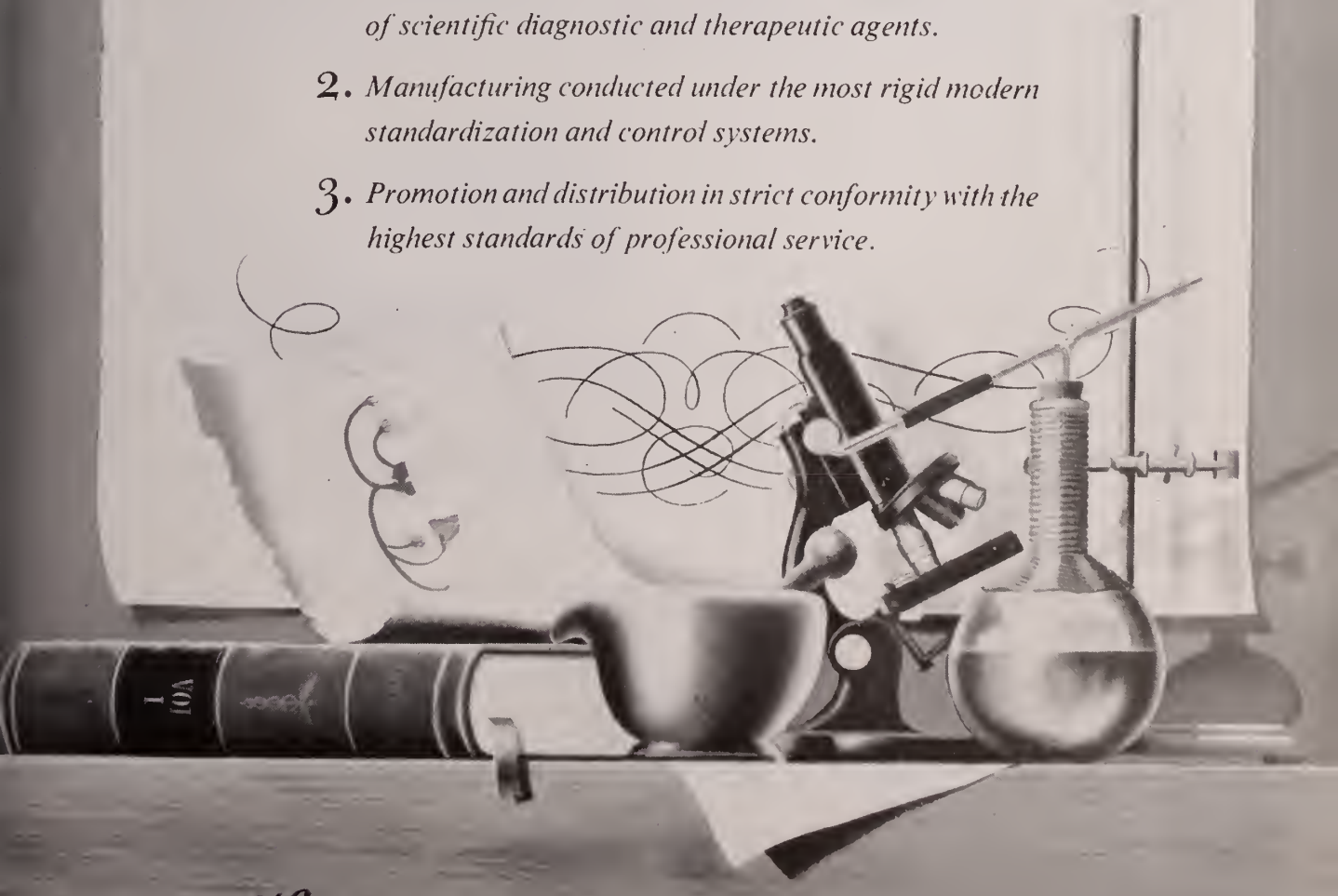
U P J O H N V I T A M I N S

THERE ARE THOSE *in every field of endeavor who tower above others by unswerving adherence to a policy founded on high principles.*

THE *Harrower Code*

THE HARROWER LABORATORY is pledged to serve the best interests of public health and the allied professions of medicine and pharmacy. The guiding principles of the Harrower policy are:

1. *Research dedicated to the development and perfection of scientific diagnostic and therapeutic agents.*
2. *Manufacturing conducted under the most rigid modern standardization and control systems.*
3. *Promotion and distribution in strict conformity with the highest standards of professional service.*



Harrower LABORATORY, INC ★ GLENDALE, CALIFORNIA

"Serving the Profession in a Professional Manner"

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.

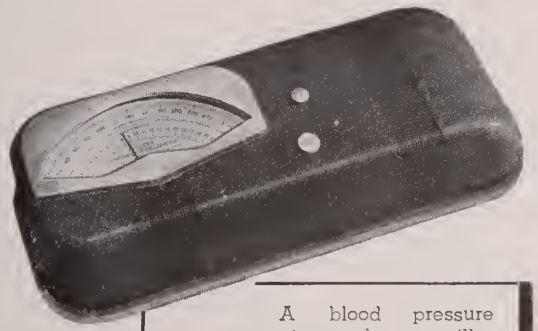
BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.



THE COLLENS SPHYGMO-OSCILLOMETER

A blood pressure apparatus and an oscillometer combined in one instrument. It is the most important diagnostic aid for determining the patency of the major vessels in the limbs. Such information is of great importance in cases where any of the following vascular diseases are suspected:

- Thrombo-angiitis Obliterans
- Arteriosclerosis Obliterans
- Embolus
- Thrombosis
- Raynaud's Disease
- Frostbite
- Peripheral Aneurysm
- Arteriovenous Anastomosis
- Scleroderma
- Injury to Arteries by Fracture
- Contusions or Operative Accidents
- Pressure on Arteries by Tumors
- Vaso-motor disturbances
- Gangrene



A blood pressure apparatus and an oscillometer in one unit: well engineered, sturdily built to give a long period of carefree service: at the extremely low price of

IMMEDIATE DELIVERY **$36.00**

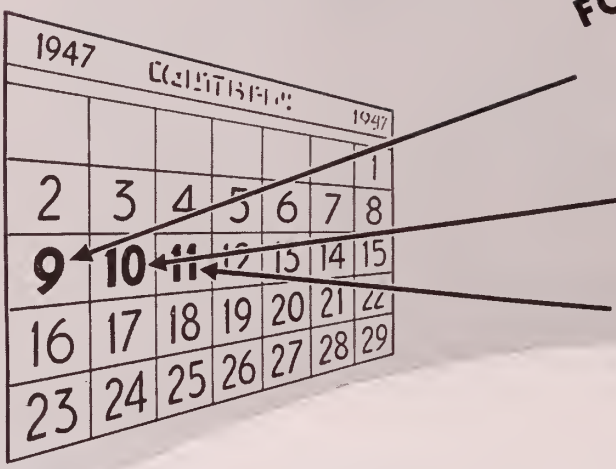
Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

Jacksonville · Miami · Orlando

"In Miami — It's Medical Supply Company"



FOUR DOSE

THREE DAY

TREATMENT OF

MALARIA

The potency and efficiency of the new colorless, antimalarial specific, Aralen diphosphate (SN-7618), has greatly simplified treatment and suppression of malaria. The dosage scheme is very simple: For adults, 4 tablets initially; 2 tablets after six to eight hours and 2 tablets on each of two consecutive days (totaling 10 tablets in three days). This eradicates infection due to Plasmodium falciparum and terminates the acute attack of Plasmodium vivax infection.

Aralen diphosphate has been thoroughly investigated under the auspices of the National Research Council.

Available in tablets of 0.25 Gm., tubes of 10 and bottles of 100 tablets.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Write for Informative Booklet.

ARALEN DIPHOSPHATE

Brand of chloroquine diphosphate

Colorless Antimalarial Specific

ARALEN, trademark

Winthrop CHEMICAL COMPANY, INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

WINTHROP

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIV | Jacksonville, Florida, July, 1947 | No. 1

THE EYE IN THYROID DISEASE

JOHN H. DUNNINGTON, M.D.
NEW YORK

The protean manifestations of thyrotoxicosis make this disease of interest to most physicians. The classical ocular signs are familiar to all, and their presence is of great diagnostic value. The mechanism of their production is less well understood, but slowly evidence is being accumulated which in time should make it possible to solve the problem. As the result of the vast amount of clinical and experimental investigation certain facts have been established. The importance of these findings is not generally recognized; so a review of the present knowledge is not amiss.

The lid signs, such as retraction of the upper lid and difficulty in eversion of this lid, are well known and generally conceded to result from stimulation of the sympathetic nervous system. While exophthalmos may accompany them, its presence is not universal. In many cases the apparent protrusion of the eyeball is due in large measure to the retraction of the upper lid produced by a spasm of Müller's muscle. Such retraction produces the well known staring gaze of hyperthyroidism. Less well understood are the palsies of the ocular muscles which frequently accompany disorders of the thyroid. Woods[1] divided them into two groups: "1. Isolated or multiple palsies associated with severe thyrotoxicosis and exophthalmos which together with the exophthalmos disappear with the subsidence of the metabolic phase of the hyperthyroidism. 2. Ocular palsies either isolated or multiple often affecting muscle groups which move the eye in a definite plane and are always associated with exophthalmos, but usually without severe thyrotoxicosis which persist with the exophthalmos after all the metabolic evidences of the hyperthyroidism have disappeared."

Considerable doubt remains as to the cause of these muscular paralyses. Some have considered them to be due to a mechanical weakness and stretching of the muscles themselves, a view which is untenable in the light of the present knowledge. Similar paralyses do not result in cases of extreme proptosis due to other causes, nor does the extent of muscular paralysis go hand in hand with the degree of exophthalmos. In many cases with slight or no protrusion of the globe there is involvement of one or more of the extraocular muscles, and, conversely, in some cases with extreme proptosis no signs of muscular palsies are present. Other investigators have suggested that the palsies of the ocular muscles are the result of a central lesion due either to the thyrotoxicosis or an accompanying myasthenia gravis. Mulvany[2] in support of this view pointed out the similarity of the pathologic changes in the extraocular muscles present in these thyrotoxic cases to those observed in myasthenia, but biopsy of the extraocular muscles in patients with primary toxic goiter frequently shows normal muscles. At the present time the weight of the evidence is that the paralyses result from organic changes in the muscles themselves.

Exophthalmos, the most intriguing of all the ocular signs, is even less well understood, but out of the clinical and experimental investigations certain facts have been established. Many writers have stated that the exophthalmos is often transient, disappearing on deep anesthesia, after death, or upon control of the disease. Its apparent disappearance on deep anesthesia is due to a lessening of the stimulation of the sympathetic nerve supplying Müller's muscle, thereby abolishing the retraction of the upper lid.

In an effort to determine the truth of the statement that exophthalmos disappears after death, Woods[1] secured the data on 50 cases in which the patient died of thyroid disease at Johns Hopkins Hospital. In 20 of these cases little or no exophthalmos was present during life while in 30 the protrusion had been classified as moderate or severe. The autopsy notes in 22 of these 30 cases contained reference to the existence of exophthalmos. The mention of its postmortem presence by the pathologist in such a high per-

Delivered by invitation before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 22, 1947.
From the Department of Ophthalmology, College of Physicians and Surgeons, Columbia University, and the Institute of Ophthalmology, Presbyterian Hospital, New York.

centage is strong evidence that a genuine proptosis does not disappear after death.

Recent studies by Grace and Weeks[3] cast doubt upon the truth of the belief that regression of exophthalmos follows subtotal thyroidectomy. In 80 patients upon whom measurements of the exophthalmos had been made preoperatively and postoperatively they observed no change. Soley[4] also followed 78 cases over a period of five years after operation or irradiation and found an actual increase of 1.5 mm. on the average in 50 per cent; in less than 10 per cent was there any regression. These findings are in keeping with the experience of many others, namely, that the improvement is more apparent than real. This manifest improvement results from a lessening of the stimulation of the cervical sympathetic nerves. Further evidence of the correctness of this finding is found in the work of Wagener[5] in 1931; his measurements in 94 cases of Horner's syndrome revealed enophthalmos in only 1 case. He also found that cervicothoracic sympathectomy produces no immediate or appreciable effect upon the position of the eyeball. The occasional occurrence of enophthalmos at a later date he attributes to shrinking of the tissues in the orbit as the result of loss of the trophic influence of the cervical sympathetic nerve.

Accompanying this apparent exophthalmos due to such causes as retraction of the lids, oftentimes there is a genuine proptosis, and various theories as to its cause have been enumerated, including increased orbital fat, edema, muscle hypertrophy, dilatation of orbital vessels and contraction of smooth muscle in the floor of the orbit. Woods[1] in an excellent monograph critically analyzed each of these theories and correctly pointed out that most of the ideas advanced merely give the pathologic changes without explaining why they occur. For example, Basedow[1] in his original description was aware of the hyperplasia of the orbital contents, especially the fat; yet the reason for the occurrence of an increase in orbital fat in hyperthyroidism, a wasting disease, is still unknown.

In general there is agreement that in exophthalmos the orbital tissues are strikingly modified by edema, cellular infiltration and degeneration of many of the muscle fibers, but much speculation still exists as to why these changes occur. The importance of the role played by the anterior pituitary hormone is gradually being appreciated; so this theory will be considered in more detail. Marine and Rosen[6] first pointed out that there is a delicate balance between the various endocrine glands. A physiologic balance is maintained between the secretion of the so-called thyrotropic hormone of the anterior pituitary and the thyroxin need of the body. They furthermore showed that a disturbance of this balance could result in an overactivity of the anterior lobe of the pituitary body with a resultant hyperplasia of the thyroid being produced by the oversecretion of the thyrotropic hormone. Such an imbalance causes exophthalmos in laboratory animals.

Smelser[7] was able to produce a genuine proptosis in guinea pigs previously thyroidectomized by the administration of extract of the anterior lobe of the ox pituitary. He furthermore showed that if the thyroidectomized guinea pigs are subjected to unilateral removal of the cervical sympathetic ganglia and then injected with extract of the anterior lobe of the pituitary body, proptosis develops to an equal extent on both sides. From these studies he concluded there is great similarity between experimental exophthalmos produced by injections of anterior pituitary extract and the clinical exophthalmos of primary toxic goiter. He found that the actual cause was enlargement of the orbital contents due to interstitial edema, an increase in adipose tissue and in the volume of muscles associated with cellular infiltration. Estimation of the constituents of the orbital contents in these guinea pigs showed the increase to be 100 per cent in the fat, 40 per cent in the dorsal lacrimal gland and 22 per cent in the extrinsic muscles. Water content of all these tissues was much increased. The orbital fat showed no increase in lipid content, but the 100 per cent increase was found to be due to a connective tissue hyperplasia and edema. Muscle increase resulted from round cell infiltration and edema. Increase in bulk of fat also occurred in other body fats originally rich in connective tissue, but not in those fats with sparse connective tissue content.

Mulvany[2] believes that the primary changes occur in the muscle fibers themselves, but it would appear that in guinea pigs at least the increased water content of the orbit is primary and the muscular hypertrophy secondary because if one eye is excised at the beginning of the experiment, the contents of both orbits increase equally, but the muscles on the anophthalmic side do not exhibit hypertrophy.

These experimental findings have been in part confirmed on humans. Histologic examina-

tion of biopsy material has been reported by a large number of observers, and there is uniformity in the description of pathologic changes encountered. In many instances they closely parallel the findings of Smelser[7] and other experimental workers.

Mulvany[2] sharply divided the cases into thyrotoxic and thyrotropic groups. In the first group all ocular signs are those attributed to excess thyroxin; in the second group overactivity of the anterior pituitary hormone is responsible for the ocular manifestations. While most authorities do not accept such a sharp division, it is of clinical value to differentiate between those cases in which signs of excess thyroxin predominate and those manifesting evidence of overactivity of the anterior pituitary hormone. With this idea in view, Mann[8] suggested a careful survey of the ocular signs. She pointed out that there are signs of (1) overaction of unstriped muscle (retraction of the eyelids, staring gaze and apparent exophthalmos); (2) signs of weakness of striped muscle (ophthalmoplegia); and (3) signs of increase in bulk in the orbital and lid tissues (proptosis, chemosis and edema of the lids).

The first set of signs can be abolished by cessation of stimulation of cervical sympathetic ganglia and are thought to result from an excess of thyroxin. The latter two groups are not so well understood, but in view of the present knowledge are thought to result from overaction of an anterior pituitary hormone. Understanding of the clinical pictures encountered is facilitated by realization of the ocular signs produced by overactivity of each of these two substances. Their overactivity may coexist, or either may be overactive, thereby accounting for the varied ocular findings in thyroid disease. Following the suggestions of Mann,[8] these clinical subdivisions are presented:

1. Excessive secretion of thyroxin with normal amount of anterior pituitary hormone. These cases are those manifesting only the ocular signs of overaction of unstriped muscle. The ocular manifestations usually disappear with control of the hyperthyroidism, and more or less normalcy is regained. In these cases pathologic examination of the orbital tissues is usually negative.

2. Primary deficiency of thyroxin with compensating excess of thyrotropic hormone secretion. These cases manifest edema of the lids and conjunctiva, impaired ocular motility and an irreducible proptosis. There is an absence of lid retraction, and the thick coarse appearance of the skin is more suggestive of myxedema than of hyperthyroidism.

3. Primary excess of thyroxin followed by thyroid failure or removal, with subsequent excess of thyrotropic hormone. The initial symptoms are characteristic of a thyrotoxicosis while the later signs are indicative of overactivity of the thyrotropic hormone. Every physician has seen cases in which, following a thyroidectomy, there developed a distressing increase in exophthalmos. The interval after operation may vary from a few weeks to several years. In these cases the lids become edematous as do the conjunctiva and orbital tissues, and an increasing irreducible proptosis ensues. Associated with this increase in bulk of the orbital tissues is oftentimes an annoying epiphora, probably the result of a dacryadenitis.[9]

It is this group that is of greatest interest to the surgeon, for how can one foretell the subsequent development of this train of events? The earliest signs of overactivity of the thyrotropic hormone are a slight edema of the lids and conjunctiva with an increase in lacrimation, and particularly significant is the subjective complaint of diplopia. It is my impression that the presence of a disturbance of ocular motility is a very early manifestation of orbital edema affecting the ocular muscles and that this finding is most suggestive of excessive action of the so-called thyrotropic hormone. The overactivity of this anterior pituitary hormone is frequently held in check by the excess of thyroxin. When the thyroxin supply is removed or reduced materially by operation or medical means, the thyrotropic hormone runs amuck, and the distressing condition known as malignant exophthalmos or exophthalmic ophthalmoplegia occurs. Let the surgeon, therefore, beware of operating upon any patient showing these signs, and if they should arise following operation, it is necessary to raise the metabolic rate to stop the progress of the disease. At the same time measures must be taken to safeguard vision.

It can be argued that groups 2 and 3 are but different phases of the same condition. In the first of these two groups, however, there is no definite knowledge of the overactive thyroid stage because at the time of the initial examination the basal metabolic rate is normal or below normal, and the patient presents none of the usual signs of hyperthyroidism. These cases then are rarely if ever subjected to a thyroidectomy and usually

respond to thyroid extract if given in doses adequate to maintain a high metabolic rate.

4. Simultaneous excess of thyroxin and thyrotropic hormone. In addition, one also sees cases manifesting a simultaneous oversecretion of both the thyrotoxic and thyrotropic hormones. In these cases there are the classical signs of thyrotoxicosis, which are, along with edema of the lids and conjunctiva, impaired ocular motility and irreducible proptosis, in other words all the manifestations of overactivity of the so-called thyrotropic hormone as well. The management of this group is a very difficult problem, the exact answer for which is unknown. In some cases medical treatment for the hyperthyroidism is successful, while in others the thyrotoxicosis is so severe that thyroidectomy is indicated. In any event, measures must be taken to prevent loss of vision from the increasing protrusion of the eyeballs.

TREATMENT

The treatment of exophthalmos associated with thyroid disturbance must of necessity be concerned with these varied manifestations of the disease. The general measures used in these cases is beyond the province of this presentation except in so far as they influence the ocular condition. It is obvious that the management of these cases calls for close cooperation between the surgeon, internist and ophthalmologist. Knowledge of the causation of these various symptoms, their early recognition and prompt therapeutic measures are the sine qua non of modern treatment.

Every physician should be familiar with the ocular manifestations of thyroid disease not only because they indicate the proper line of therapy, but also because blindness is not an infrequent sequela of improper management. The ophthalmologic problem is preservation of sight; so in addition to the treatment to be carried out by the internist there are several local measures the ophthalmologist employs. Corneal ulceration from exposure is the one complication he fears most. This should be prevented rather than cured. In the presence of any lagophthalmos protection of the cornea is essential. This is best accomplished by the creation of adhesions between the lid margins. These can be placed in such manner as to give protection without obliterating vision. They can be left as long as desired and readily severed at any time. Early employment of them before extensive signs of edema occur is most desirable. In the presence of a very large prolapse of the bulbar conjunctiva and pronounced edema of the lids, it is difficult to secure union. The tenseness of the lids may be so great that complete severance of the lateral canthal ligament and free canthotomy are necessary to secure adequate relaxation. Excision of the edematous conjunctiva is advocated by some, but in my experience it accomplishes nothing and should not be employed. In extreme cases in which the proptosis is so severe that the lids cannot be approximated, orbital decompression is used. Since Naffziger's original description of removal of the roof of the orbit, many methods of decompressing the orbit have been published. Naffziger[10] through an intracranial approach removed the entire roof of the orbit, while others have decompressed the orbit through removal of the temporal wall.[11] Any of these procedures produces an immediate recession of the proptosis, but the postoperative reaction is often sufficient to cause a prompt return of the original condition.

Advocates of this form of treatment urge its use early in the disease, but there are others who believe that with proper medical care and prompt insertion of lid adhesions this radical surgery can be avoided in the majority of cases. If one is faced with an extreme proptosis with exposure of the cornea, orbital decompression should be done along with the simultaneous insertion of lid adhesions. Its use in cases in which diplopia is the chief complaint is recommended by some; here too it must be used early before the onset of fibrotic changes in the ocular muscles takes place. Usually these cases, if seen early, respond satisfactorily to proper medical care, while if fibrosis has already set in, orbital decompression is just as disappointing as medical therapy. Ridding these patients of their annoying double vision is a most difficult problem which truly vexes the soul of the ophthalmologist. Oftentimes a complete correction cannot be obtained, but surgical measures on the extraocular muscles themselves offer the best chance.

SUMMARY

The ocular manifestations of thyroid disease are discussed. The signs resulting from excess of thyroxin are differentiated from those arising as the result of overactivity of an anterior pituitary hormone. The rationale of the present day

treatment has been given with the hope of stimulating wider research in this field.

BIBLIOGRAPHY

1. Woods, A. C.: Ocular Changes of Primary Diffuse Toxic Goitre, Medicine **25**:113-153 (May) 1946.
2. Mulvany, J. H.: The Exophthalmos of Hyperthyroidism; Differentiation in Mechanism, Pathology, Symptomatology and Treatment of Two Varieties, Am. J. Ophth. **27**: 589, June; 693, July; 820, Aug., 1944.
3. Grace, R. V., and Weeks, C.: Surgery of the Thyroid in a Large Municipal Hospital, Ann. Surg. **113**:496-507 (April) 1941.
4. Soley, M. H.: Exophthalmos in Patients with Various Types of Goiter, Arch. Int. Med. **70**:206-220 (Aug.) 1942.
5. Wagener, H. P.: Ocular Changes Following Cervicothoracic Sympathetic Ganglionectomy, S. Clin. North America **11**:869-873 (Aug.) 1931.
6. Marine, D., and Rosen, S. H.: Exophthalmos in Thyroidectomized Guinea Pigs by Thyrotropic Substance of Anterior Pituitary, and the Mechanism Involved, Proc. Soc. Exper. Biol. & Med. **30**:901-903 (April) 1933.
7. Smelser, G. K.: Experimental Production of Exophthalmos Resembling That Found in Graves' Disease, Proc. Soc. Exper. Biol. & Med. **35**: 128-130 (Oct.) 1936.
8. Mann, Ida: Exophthalmic Ophthalmoplegia, Am. J. Ophth. **25**:654-673 (June) 1946.
9. Reese, A. B.: Dacryadenitis in Hyperthyroidism, Arch. Ophth. **13**:855-857 (May) 1935.
10. Naffziger, H. C.: Progressive Exophthalmos Following Thyroidectomy; Its Pathology and Treatment, Ann. Surg. **94**:582-586 (Oct.) 1931.
11. Guyton, J. S.: Decompression of the Orbit, Surgery **19**:790-809 (June) 1946.

635 West 165th St.

THE DOCTOR AND THE PUBLIC

FRANK G. SLAUGHTER, M. D.
JACKSONVILLE

Doubtless many members of the Association are wondering why a paper on public relations is being presented on a scientific program, as well as why I am reading such a paper. Dr. Shaler Richardson, our president, discussed ably in his address yesterday the importance of public relations in the present and future of medicine. It is becoming increasingly clear that, unless we are to lose much of the position we have gained through the amazing developments in medical science during the last two decades, we must devote a portion of the time and energy ordinarily used for scientific practice to improving our relationship as a profession with the public we serve.

As to the second question, many of you know that I have been studying the economic and social phases of medicine for many years as a side interest which has now become almost a full time occupation. For eight years I have been actively engaged in writing and lecturing on medical subjects. In 1941 my first novel dealt with the problem of socialized medicine. At that time I felt that compulsory health insurance would be necessary; that opinion I no longer hold. Since my release from active military duty a year ago, I have devoted my entire time to studying, writing and lecturing on medical subjects, largely to lay audiences and particularly on topics related to medical sociology and economics.

A month ago I completed a three weeks' lecture tour of Eastern and Midwestern cities, speaking to college assemblies, forum and discussion groups, women's and civic clubs, and similar audiences. There is a tremendous interest among the public in medical subjects, and I think it is of value to us of the medical profession to know the directions in which this interest is turning. I was particularly disturbed to find that, while the public is greatly interested in socialized medicine, most of the people have no concept of the broad stand on problems of social and economic progress which has been taken by organized medicine. This finding is not limited to my experience, of course, for the survey of public relations conducted last year for the American Medical Association by Rich Associates emphasized that the great majority of the public believe the organized medical profession is interested in serving the economic interests of the doctors, rather than concerned with the general welfare of the public. It is my firm conviction that we as individual physicians have not only a responsibility, but a duty, to dispel this unfortunate impression by every means within our power, and I wish to discuss some of the ways in which I believe this objective can best be accomplished.

The public is willing and anxious to hear the side of the medical profession in the profoundly disturbing problems which face us in the distribution of medical care. Nor is there any question of our responsibility for the socioeconomic, as well as the scientific, side of our work. The first statement in the "Principles of Medical Ethics" confirms this truth:

> "A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accordance with its ideals."

Less often considered is the unquestionable truth that we as a profession, in the final analysis, do not have the ultimate word in deciding just how our services shall be rendered. That, too, will be decided by the public we serve. Looked at in this light, it becomes increasingly important that we should concern ourselves with the broader

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

problems of medical care, in addition to the very present job of making scientific medicine as effective as possible in saving lives.

In 1946 I published a book for laymen describing the progress in surgery in the last decade. In it I discussed briefly—two short chapters out of twenty-six—socioeconomic problems in medicine, particularly the high cost of medical care and medical education. In a survey of newspaper reviews of this book from all over the country, I found that in spite of the small portion of the book devoted to these subjects, more than half of the reviewers commented upon them. This comment in itself indicates, I think, that although progress in medical research and its applications has outstripped in the last decade any previous period in medical history, it has not decreased the feeling of the general public that something must be done to make the effects of this progress more readily available to all the people. Actually, much has been done of which we as a profession can be exceedingly proud, but the public does not know about it, largely because we as doctors have not devoted time and energy to telling the story.

Set against the failure to make known the progress in the socioeconomic aspects of medicine, within the framework of organized action which has given us scientific progress of the highest order, there is the work of those who believe that socialized medicine is desirable. Among them are many sincere people who have ways and the ability to make an impression upon large sections of the population. Aside from crackpots and social dreamers, I have found, for example, that many teachers believe in socialized medicine and compulsory health insurance and are imparting these beliefs to their pupils. Those associated with organized labor have in general favored socialized medicine, again, I think, largely because of our failure to show them evidence of a positive attitude toward problems in medical care by organized medicine.

The average layman believes that his doctor is sincerely interested in him and his welfare, at least when he is sick. He is much less inclined to believe that the organized medical profession is equally sincerely interested in the good of all the people. This impression is, I am sure, given considerable credence by the fact that doctors in general over the country fight any discussion before lay audiences of socialized medicine and the many problems arising out of the increased costs of medical care and the unequal distribution of its benefits. In this way we have created a feeling of suspicion among the lay public as to the ultimate motives of physicians.

Where I have talked on socialized medicine, the program chairmen have often told me that the doctors of the community had actively opposed the discussion. When doctors came to the lectures, which they frequently did not do, they have often told me that they were primed with questions to be asked from the floor with which they planned to batter me down and discredit the discussion, in the mistaken assumption that any doctor who would trouble to talk on socialized medicine to a lay audience must be in favor of it. And yet when the socioeconomic side of medicine was discussed logically and simply, with particular emphasis on the great progress which organized medicine is making toward solving the problems in a typically American way, not only were the people willing to listen and be convinced, but doctors often said how effective they thought this type of presentation really was.

It seems absurd to try to keep the people from hearing discussions of socialized medicine when it has been chosen as the topic for debate by high school debating teams for the entire country. I wonder how many of you know as much about social and economic problems in medicine as your son or daughter on the high school debating team. When high school and college students are intensely interested in such subjects, it seems logical that we doctors should be. And, more important, we should have the facts and be able and willing to defend our position as a profession from the platform, over the conference table, or even in social gatherings in our homes.

Mr. Charles M. Swart, American Medical Association Executive Assistant in charge of the public relations program, has said: "Public relations are the sum total of private relations." In a personal interview Mr. Swart again emphasized that the job of enhancing medicine's position in the public favor must be largely done by the individual physician. And it must be done along with the regular scientific work of practice, just as we are discussing this question as a part of a scientific program. How best, then, can you as a practicing physician aid in improving the relationship between the doctor and the public?

It is not my intention to try to cover the whole field of public relations. Much of it was

covered by Dr. Richardson yesterday. But I should like to suggest a few ways which I have personally found effective in "selling," to use a colloquialism, medicine to the public.

In the first place, whatever we are talking about, we must have the facts. That is the first principle of salesmanship, as well as of any kind of an approach to the public. As to the facts of scientific progress, most of us are reasonably familiar with them. They are perhaps best summed up by the wonderful record of the medical corps of the armed forces, made up largely of civilians, for the moment in uniform. Almost 97 per cent of the wounded who reached medical treatment were saved, and the over-all mortality rate from disease was lowered by more than half that of any previous war to about the same as for the civilian population, in spite of health conditions which were often almost unbearable.

But how many of us are qualified to tell about social and economic progress in medicine? Unfortunately, very few. And yet there is a great mass of facts from many sources which completely controvert the claims of those who advocate compulsory health insurance and socialized medicine. These facts can best be presented by the individual doctor to the members of his own community. In no other way can such a large and important audience be reached half so effectively as through this personal contact between the doctor and the public. One means of promoting this contact is through telling the story of the greatest advance in the social and economic history of medicine, the institution of voluntary prepaid medical care.

It is to the considerable credit of the American Medical Association that even before the recent war, the need for methods of helping defray the rising costs of medical care was recognized, and state medical societies were encouraged to develop plans for prepaid medical care. Many of you are familiar with the early history of the Michigan Medical Service, which has served as a model for many other plans of voluntary prepaid medical care, sometimes called by laymen voluntary health insurance. It has also served, to some extent, as a model for the Veterans Administration plan of "Home Town Medical Care." The threat of compulsory health insurance—still far from destroyed—was, of course, an important stimulus to the development of the various voluntary plans, but recognition of this important principle, particularly in catastrophic illness, is more than just a response to a threat. It is now widely accepted and is actually a social institution of increasing size and importance. Through the Council on Medical Service of the American Medical Association, the medical profession is taking a lead in this socioeconomic field, just as it always has in the promotion of scientific medicine.

Recently I spent a day in the office of the Council and the Public Relations Division in Chicago. It is tremendously inspiring to see the breadth of the studies being carried on there and to read in graphic form the amazing story of the growth of plans for voluntary prepaid medical care. Plans are now in effect in every state, and some have increased membership in a year by more than 300 per cent. Many others have doubled their membership in the last year.

Encouraging, too, is the development of Associated Medical Care Plans which, it is to be hoped, will be a parent organization for all the many plans now in effect, integrating them and coordinating their operations in the interests of efficiency and economy. Already a number of Western states have joined together to make their plans reciprocal, so that a subscriber in one state may receive treatment in another and still be covered.

At the headquarters of the Council on Medical Service studies are also being made in the most important and difficult problem confronting us in the field of sociology and economics, rural medical care. Regular reports of progress along all of these lines are published and are available to anyone, by writing to the Council on Medical Service of the American Medical Association.

The story of economic and social progress in medicine is just as important and as attention-compelling as the story of scientific discovery through research. In the program of voluntary prepaid medical care we have the greatest advance against socialized medicine that we could possibly make. It is concrete evidence to the public that medicine has put aside the old negativistic attitude, which led to the belief that we were not interested in the social and economic welfare of the people, as we have always been in their health, and has, instead, taken a new forthright stand to make the benefits of medical discovery available to everyone. But this is true only if we get behind the program and make it succeed. To have the voluntary plans fail now for lack of support from the medical profession—the only thing at all likely to make them fail—means an open

invitation to compulsory health insurance and socialized medicine. Not only must we, as a profession, believe in it; we must tell the public about it.

For those who wish a really thorough coverage of socioeconomic trends and accomplishments in medicine, a survey has recently been conducted by the Committee on Medicine and the Changing Order of the New York Academy of Medicine. The results have been published in eleven volumes by the Commonwealth Fund, with two more volumes still to follow. I am now in the process of condensing important facts from this study and expect to make these available to the Bureau of Public Relations, from which, I am sure, any doctor in Florida may obtain material upon request.

A rich and largely untapped vein of improved relationship with the public can be reached through the many local organizations present in every community of as many as fifty persons. Running the gamut from Ahepa to Zonta, these groups put on weekly and monthly meetings and are usually glad to use speakers on medical topics, especially in connection with local drives of various sorts. The interest of the public in everything medical is intense, and these various groups will listen avidly to anyone who can present the subjects in an interesting manner. This, unfortunately, is not always true of professional men; yet we as doctors are the very ones who should tell best the story of medical progress.

The American Medical Association is developing a Speaker's Bureau and is encouraging other medical organizations to do the same. This project can often be accomplished at the county level. If the county society is not large enough to establish such a bureau, the president should act as spokesman for the medical profession in that locality. In each specialty the oldest member can be a spokesman for the field. Thus every town and county should be able to provide an authoritative opinion on medical subjects to any group or newspaper desiring it. But it is the responsibility of the individual giving the opinion to obtain the facts, from sources already detailed, so that he may give an intelligent opinion.

Doctors can profitably devote more time to public speaking, both because of the favorable impression a capable speaker makes on a lay audience and because of the need to improve medical society presentations, now dull to the extreme. There is little excuse for a doctor, who constantly meets the public in his office and on the street, not to be able to deliver a simple talk on medical subjects to a lay audience. If the doctor would speak to his civic club as he talks to the members of it in his office, there would be little trouble about public relations in medicine.

The facts needed for such talks to the lay public on a wide variety of subjects are usually found in medical journals and the popular articles which appear in the weekly and monthly magazines having large circulation. Often practically complete talks are written out by competent authorities in the small monthly abstract journals published by various firms, and usually sent free to doctors. They can easily be adapted and will readily find an audience. When Speaker's Bureaus are more widely established, there should be lists of those available and capable, with the subjects in which they are particularly interested and on which they are qualified to speak. Almost every doctor has a medical hobby about which he can talk informatively and interestingly; a little spadework by the chairman of the bureau will uncover it.

In the final analysis, improving the relationship between the doctor and the public means establishing once again the position of authority, both in medicine and in the community life, which the doctor traditionally should occupy. Authority, studies in psychotherapy show, accounts for a sizable proportion of the success of the physician in treating the sick, at least as often sick in the emotions as in the organs of the body. To lose that fundamental relationship between doctor and patient, or doctor and community, is to lose a valuable weapon in fighting disease. And it is being lost rapidly through the distrust of the public for the ultimate motives of the medical profession. Today there is little of it between specialist and patient, and far less than there should be between family doctor and practice. The position of authority must be recaptured at all cost, and its recovery must be accomplished largely through the efforts of the individual physician.

When the public realizes that the medical profession is as much concerned with the broad social and economic phases of medical care as it is with strictly scientific medicine, much of the task of improving the present low state of medical public relations will have been accomplished. This is the work largely of each doctor in his own practice and in his own community, assisted as he will be by experts in public relations. In

our own program of voluntary prepaid medical care, we have a potent weapon in the fight against compulsory health insurance and socialized medicine, as well as a means of restoring medicine to its rightful position in the esteem of the public.

We all have a story to tell. Let us get busy with the telling of it.

3202 Garibaldi Avenue, East.

DISCUSSION

Dr. John H. Dunnington, Director, Institute of Ophthalmology, New York, (by invitation): I am not very familiar with the problems Dr. Slaughter has just presented to you, but I have been very much interested in what he has had to say. I am in thorough accord with everything he has told you. Our relations with the public would be much better if we doctors could only learn to express ourselves in simple terms. I find that the laymen misinterprets medical knowledge largely through lack of understanding. The newspaper articles through their sensational claims do much to encourage such mistakes. If we medical men would tell lay groups in simple terms all about our problems the whole situation would be much clearer. Let us, therefore, take every opportunity to disseminate such knowledge in words of one syllable.

Dr. John R. Boling, Tampa: Dr. Slaughter has discussed in great detail the problems of public relations. The people of this country are probably aware of the vast progress that has been made in medicine, they are aware, too, of the increased cost of it. I think this progress should be placed within the reach of all. They have that right. It is our problem to see that they are offered this care to their very best advantage. I think we are concerned with the fact that they need our service. The primary consideration is not for the 150,000 physicians rather than the 150,000,000 people we are to serve. Certainly if these socialistic organizations come into force, the 150,000,000 people will be far worse off than the 150,000 doctors. If we can convince them of that fact and of our sincerity, then we need not worry about socialized medicine. The ones who seem to be doing the least are the ones of the medical profession. I doubt that more than a half dozen of you in this audience have done one thing, either talked to your legislators or to your home people about the advantages or disadvantages of socialized medicine. It is your problem.

We now have a solution to offer to the people of Florida in this proposed medical and hospital service plan. It offers more than the government does and for less money, but it is not complete. As time goes on, we will see in the near future here in our own state that it will be broader until it covers all forms. With the support of the profession in the furtherance of this plan, I think we can be assured that we will furnish the people the best in medicine that can be obtained.

Dr. Shaler Richardson, Jacksonville: I think that Dr. Slaughter has brought us a very important message, particularly at this time when the Association is just beginning its active public relations work. As I told you yesterday, Mr. Ernest Gibson has been appointed director of our Public Relations Bureau. He is a young man and has had excellent training in public relations work. I think that he is going to help the cause of medicine and present the doctors' side of the question to the public. That is where we have delayed too long. The public has been informed by the politicians, and we doctors have been quiet and said nothing. It behooves all of us to speak before our civic clubs, before our Parent-Teacher Associations and other public groups on this highly important subject.

Fortunately, Dr. Slaughter has been appointed chairman of the Public Relations Committee of the Association for the coming year, and with the active work of Dr. Slaughter added to that of Mr. Gibson we are going to carry on an excellent program. I will say, however, that one of its most important phases is making the members of the Association conscious of their duty in this public relations work, and unless we have the full cooperation of the membership, this work is not going to be carried on successfully. The attitude of so many of us is that we are interested in our scientific work and in our practice; we are submerged in that, and we feel that we cannot take the time to present to the public the medical profession's side of the story.

The Wagner-Murray-Dingle bill has been defeated, but as I said yesterday, there are numerous other socialistic pieces of medical legislation that are being introduced in the Congress, and if enough of these are put through, there may be a complete regimentation of the medical profession. As president of this organization, I want to ask you members of the Association to give much thought to this subject and help us carry on the public relations work.

I commend Dr. Slaughter for this most excellent presentation. He is in a position where he is able to get information. He has traveled all over the country and is certainly well able to speak to us and to give us the real facts.

Dr. Isee L. Connell, Director, Putnam-Flagler County Health Unit, Palatka: I happen to be an ex-schoolteacher, an ex-private practitioner and a public health officer. I am now among you as a director of a Florida county-operated health department. A doctor holding the position of health officer can be of greater help in building public relations for the doctors than anyone else that I can imagine. He can go into the schools and talk to the children, teaching them from the beginning and permitting them to ask questions. You would be surprised at the questions, the intelligent questions, that the children in only the second, third and fourth grades ask. The health officer should be ready at all times to answer questions by members of a civic organization, Parent Teacher Association, or anyone else that might ask such questions, whether they be children or grandparents, white or black.

The health officer can and should examine school children for defects which are not complained of, yet can and should be corrected. The physician in private practice dare not look for defects that are not complained of or directly related to the complaint which brought the patient to the doctor. These defects should not only be looked for but pointed out to the parent, that the proper steps may be taken for correction. This service is just as much Public Health as immunization and at the same time the Public Health departments are building good health interests in the youth of the land.

Thus, the health officer can build up the relationship between the doctor and the public. He has the opportunity to back up the medical profession as a whole and to get the public to accept more completely the wholesome relation that should exist.

Dr. Frank G. Slaughter, concluding: I want to thank the various discussors.

There is one aspect of this subject that I did not take up in the paper. One of the major factors in the decline of the medical profession in the eyes of the public is the sense of inferiority in the general practitioner. That is perhaps inevitable when you think of the large part of the practice that has been given over to specialists. There is no justification for that feeling because it is generally conceded that the general practitioner can and should take care of 85 per cent of the cases.

I wish you could all have been with us yesterday morning at the meeting of the Florida General Practice of Medicine Society to hear Dr. Wingate M. Johnson, the chairman of the Section on General Practice of Medicine of the American Medical Association, and Dr. Wilburt C. Davison, the dean of the Duke University School of Medicine, speak on the subject of encouraging young men to go into the general practice of medicine. The enthusiastic accord was extremely encouraging.

One of the first things that must be done to alleviate this condition is to restore the general practitioner to his normal position, to his original position in the profession and in the eyes of the patient and the community. A long time ago when the doctor lived in a small community, he was the top man of that community. He was one of the few educated men in the community. And he was looked up to as an authority on all subjects. As the demands on him increased, it became more and more difficult for him to be consulted in person. Also there were more educated men in the community, and other people took that place away from the doctor. Now we have a professional recognition from a scientific standpoint, but nothing in the eyes of most people to take care of the economic situation. Other people will take care of that for us if we do not get busy and take care of it ourselves.

I should like to emphasize again the importance of beginning this public relations program with the individual physician, with raising him in the esteem of the individual people and of the community. It means that we must by some means or other increase the gravity of our thinking. We cannot limit ourselves to scientific medicine. If we do, we will find ourselves in the same position as laboratory workers, under the direction of somebody else. To avoid that position, we must concentrate on telling the story we have to tell. It is a good story and a story of which we can all be proud. That is something that we are obliged to do if we are going to survive.



A HISTORY OF MEDICINE IN DUVAL COUNTY

PART XI

WEBSTER MERRITT, M.D.
JACKSONVILLE

The enthusiasm that waxes over the founding of a medical school in Florida today stimulates interest in a previous attempt at organization, about which little is known and even less has been written. At Tallahassee, in 1883, the Reverend Dr. John Kost and a Board of Regents set about the task of organizing Florida University. Dr. Kost, though more visionary than practical, must have been a man of some versatility for he held the degrees of A.M., M.D. and L.L.D., and became Chancellor of the University as well as Dean of the Medical School.

The original plans were that the University should consist of six colleges, but in the First Annual Announcement only the Literary and Medical Colleges receive attention. It seems apparent that the Medical College was uppermost in the minds of the regents:

> The literary college is endowed by act of Congress. The medical is founded on the capital of an incorporated stock company, with a capital of $60,000.00, and authority to increase to the amount of $80,000.00. Ten per cent and over, as provided by law, has been paid in ($6.180.00) and has been expended for appliances; and thus the medical college has a fine anatomical museum; a museum of natural history and comparative osteology, besides chemical apparatus.
>
> By compact with the literary department (West Florida Seminary) one of its two buildings has been appropriated to the medical college. This is a commodious brick edifice, situated on an elevated site in the western part of Tallahassee, with ample grounds, shaded by a grove of native pines. The building is of fine architectural appearance, with a frontistyle of stately white columns supporting an entablature and gable above the second story. The building contains two large lecture halls, and eight additional rooms of convenient sizes, well suited for the medical department, with its museums and apparatus.
>
> The literary department retains its other buildings, situated more centrally in the city, and reposing behind a grove of liveoaks. It is of ample capacity for all the necessities of the college.[320]

From the Calendar issued for 1884-1885 it appears that Florida University was organized under a liberal charter in February, 1883, and that there were two colleges therein, the "Literary and the Medical." In reference to the medical department, known as the Tallahassee College of Medicine and Surgery, the Calendar contains this statement:

> The facilities possessed by the College for affording instruction in all branches of Medicine are exceeded by very few in this country. Besides a very full Faculty of men experienced not only in teaching but also in long medical and surgical practice, there are also the most ample material appliances.

This "very full Faculty" apparently was composed of almost all the practicing physicians of Tallahassee and later seemingly of men not identified with organized medicine.[321] Professorships listed under Medical Faculty were "Theory and Practice and Medical Clinics," "Surgery—Operative and Orthopedic, and Surgical Clinics," "Anatomy," "Obstetrics, and Diseases of Women and Children," "Materia Medica, Therapeutics and Pharmacy," "Chemistry and Botany" and "Gynecology, Histology and Medical Jurisprudence."

The only requirements for admission were suitable age, good morals and the payment of fees. Such a policy was justified by the statement that "Medical Lectures are useful to all persons; and on this principle all may attend. Graduation in this institution depends entirely upon merit. . . . . But it must not be understood that this college will ever afford 'easy'

graduation, or allow anything to be done to lower the proper grade of the physician."

"The Medical requirements" of candidates for graduation were ". . . . . such as may be obtained by three years reading, on the several medical branches, under a competent preceptor; and the attendance of two full courses of lectures; the latter should be in this college." Upon each successful candidate was to be conferred, not the customary degree of Doctor of Medicine, but a "University Medical Degree," and this by vote of the Board of Regents.

The college opened on the last Wednesday of October and closed on the first Wednesday of March each year. Thus a student who had spent three years reading medicine could graduate after taking formal instruction for a period of time equal to approximately one college semester. The cost of attending the school, including the outlay for "good board and lodging" was estimated to be $160.

The summary in the Calendar for 1884-1885 gives the student enrollment of the University. In the College of Medicine and Surgery one student from Leon County, one from Key West, one from Georgia and five from Michigan were enrolled. Of those from Michigan three, perhaps all five, came from Kalkaska, presumably attracted because of personal relationships with a member or members of the faculty.[322]

On February 16, 1885, the State Legislature approved "An Act Recognizing the University of Florida," which validated a State Board of Education plan for consolidation of the educational institutions of the state:

> Section i That the Florida University . . . . be recognized as the University of the State, and to be known as the University of Florida; Provided, there shall be no expense incurred by the State by reason of this Act.
>
> Section ii That the University continue under its present organization and officers until such further action be taken by the State Legislature.[323]

How long the Florida University existed cannot be determined. Almost from the start the University as a whole had no existence except in name and soon from lack of funds was dissolved. [324, 325, 326]

The Medical School was moved to Jacksonville in 1885. An advertisement in the issues of The Florida Medical and Surgical Journal for December, 1885, and January, 1886, stated as follows:

> Medical Department of the University of Florida. This institution, formerly located in Tallahassee, Florida is now removed to Jacksonville, and will be organized for the present session on an entirely new basis. For particulars address this Journal.[321, 327]

The medical faculty in Jacksonville, of which Dr. T. O. Summers was Dean, was said to have consisted of eight professors and one demonstrator.[328] Dr. R. B. Burroughs of Jacksonville was listed as Professor of Clinical Medicine and Diseases of Children.[321]

At the annual meeting in 1885, the Florida Medical Association went on record as not approving of the Medical Department of the University of Florida as it was organized in Tallahassee.[329] On May 20, Dr. R. P. Daniel offered the following resolution before the Association, which was approved:

> Resolved, That it is the sense of the Florida Medical Association that it does not consist with the promotion of medical education and the best interests of the profession that any medical college should be instituted or encouraged in Florida at this time, and that the members of this Association will use their influence towards directing students of medicine to some of the many colleges of established reputation and reliability beyond the limits of this State.

An editorial in The Florida Medical and Surgical Journal for December, 1885, cited the action of the Florida Medical Association, referred to Dr. Daniel's resolution and continued:

> . . . . . Some physicians of Florida did believe and . . . do now believe that if there is any one state in the Union where medical education should find a nidus for development that state is Florida. . . . . .
>
> Now we are free to admit that under the organization of the Medical Department of the State University, which previously existed, the state medical society was obliged to stand aloof and touch not the unclean thing. Irregulars, homeopaths et id omne genus, had possession, and no one holding allegiance to honorable medicine could lend a mongrel concern of that character any moral or professional support. But as it stands today it is entirely in the hands of regular men and will be turned over bodily to the State Medical Association in its management.
>
> It is proposed to organize out of it a great training school of medicine such as does not exist in this country—no diploma mill, but a graded system of medical education to prepare students for the higher study, in other words, a gymnasium, in which students can receive a thorough training in the ground-work of medicine. And this can be done in Florida as well as "Jerusalem", at this time as well as any other.
>
> . . . . . Where are Richardson, and Battey, and Campbell, and Kinloch, and Eve, and Briggs, and others known to medical fame as southern men; and then there are those who have left the South with fame already made, as the immortal Sims, simply because of this failure to recognize Southern talent in Southern homes. In Florida today there are men who are progressive and are willing to take hold of any measure that looks to advancement, and who will form a centre of crystallization about which will gather, in due time, all the grander and nobler elements of the profession throughout the State.
>
> With malice toward none and with charity toward all, we declare that the Medical Department of the State of Florida, now freed from all

taint of irregularity and under the colors of honorable medicine, will appeal to the State Medical Association so strongly for support that its necessity will be admitted, the claims fully recognized and its success permanently assured.[321]

The Florida Medical Association at its annual meeting in 1886, however, did not approve, and some time that year the Medical Department of the University of Florida ceased to exist.[330]

The Florida Medical and Surgical Journal, edited by Drs. T. O. Summers, C. H. Mallett and Neal Mitchell, and published in Jacksonville monthly from November, 1885, to April, 1886, should not be confounded with The Journal of the Florida Medical Association, which did not begin publication until 1914. At the meeting of the Florida Medical Association in 1886, some of its members, by motion duly seconded, tried to make The Florida Medical and Surgical Journal the official organ of the Association, but after deliberation, the majority of the members voted for a substitute motion which simply commended The Journal to the "patronage of the Physicians of the state." At its meeting in 1887, the secretary announced that this periodical had been taken over by The New Orleans Medical and Surgical Journal and that subscribers to the Florida Journal were entitled to the New Orleans Journal.[331]

BIBLIOGRAPHY

320. The First Annual Announcement of Florida University, quoted from History of Florida, Past and Present, H. G. Cutler, 1923.
321. The Florida Medical and Surgical Journal, December, 1885. The Surgeon General's Office Library.
322. Florida University (1883), C. L. Crow. The Florida Historical Society Quarterly, October, 1936.
323. Acts and Resolutions Adopted by the Legislature of Florida at its Thirteenth Session, 1885, Chapter 3663, (p. 116). An Act Recognizing the University of Florida. P. K. Yonge Library of Florida History, University of Florida.
324. Catalogue of the Florida State College, 1903-1904, p. 13. P. K. Yonge Library of Florida History, University of Florida.
325. Rerick, R. H. Memoirs of Florida, vol. II, 1902.
326. History of Education in Florida, George Gary Bush, 1889. P. K. Yonge Library of Florida History, University of Florida.
327. The Florida Medical and Surgical Journal, January, 1886.
328. Polk's Medical Directory, 1889. Quoted in letter from the Secretary of the American Medical Association.
329. Proceedings of the Florida Medical Association, 1885. Library of the Florida Medical Association.
330. Ibid., 1886.
331. Ibid., 1887.

2033 Riverside Ave.

SKIN MANIFESTATIONS ASSOCIATED WITH INTESTINAL INFESTATIONS

MIRIAM M. DRANE, M. D.
ST. PETERSBURG

Commonest and best known of the diseases having characteristic dermal manifestations associated with intestinal infestations is pellagra, which is only positively diagnosed when the typical condition of the skin is present. The proved and accepted cause is dietary deficiency, corrected, or partially controlled, by administration of factors of the vitamin B complex. The prognosis in any given case is guarded, relapses being common and neuritic degeneration progressive even under treatment. This deficiency can be accounted for by (1) improper diet, (2) inadequate or improper assimilation and (3) associated conditions which appropriate the important elements of food in which there is consequent deficiency. The third cause is the one under consideration.

Read before the Pinellas County Medical Society, Oct. 19, 1945.

After the Spanish-American War, it was noted that many stool examinations revealed various types of flagellates previously not reported. Likewise, pellagra appeared in the Mississippi Valley and Southern states. Dr. John L. Jelks,[1] of Memphis, Tenn., whom most of the members present had the pleasure of meeting at one of the Society dinners, aroused some interest and, it must be confessed, some ridicule for maintaining that the parasites, per se, were the cause of pellagra. He stated in his article [1a] in the Cyclopedia of Medicine that one day he examined the stools of 60 pellagrins and found one or more types of flagellates in each. In 1909, he delivered an address [1b] before the Arkansas Medical Society on this subject. Naturally, at that time, the fact that this disease might be due to a consequent vitamin deficiency was not known.

If one assumes that there is a relationship between infestation and reactions of the skin, these reactions may be grouped under three headings: (1) toxic, (2) allergic and (3) vitamin deficiency. I have not had the time to review the literature covering research on specific toxins arising from, or excreted by, parasites. Peiper[2] concluded that certain nervous effects undoubtedly arise from helminthic infestation, such as convulsions, meningismus and psychotic states. In a personal communication he stated that a toxin is secreted, but that definite scientific work has not been done to identify. It is widely accepted that a condition of allergy may follow infestation. I shall cite cases to illustrate each type of reaction listed.

Three sisters, at various intervals over a period of fifteen years, presented an erythematous, papular itching eruption appearing on the thighs. It was self limited, leaving no scarring or pigmentation, usually occurring in the spring or fall. All three harbored flagellates. Since their eradi-

cation there has been no recurrence in the last three years.

To illustrate the allergic reaction, a healthy, ten year old child after returning in the fall from a vacation in the mountains, had a severe attack of hives. He was hospitalized, given adrenalin, a special diet, calcium and other treatment without improvement. He was then given tests for allergy. On examination of the stool, numerous flagellates were found. He was put on the indicated diet and treatment. In the following four weeks there was no urticaria, and the foods to which he was sensitive were gradually reintroduced.

In considering allergy one runs into a maze. Whether it is a certain protein or protein fraction which enters the circulation through damaged mucous membrane, failure of the liver to detoxicate, or an impairment of, or damage to, the liver itself that acts as the precipitating mechanism is not definitely known. There is abundant proof that the allergic reaction abates upon stimulation of hepatic cells and function by such medication as bile salts by mouth, decholin sodium intravenously, or even a good dose of calomel. Urticaria is not the only allergic manifestation; in addition there are atopic dermatitis, exfoliative dermatitis, various erythemas and pruritus without eruption, which possibly should be classed as neurogenic, not dermatologic.

In a most interesting case of about twelve years' duration, exfoliative dermatitis and ichthyosis were so severe that the patient never left home and slept on a cot with newspapers around upon which the scales could be gathered up the next morning. It was found that she harbored flagellates. In time, a negative stool was secured. The various foods to which she had become sensitized were removed from her diet, she was given collateral treatment, and the skin became practically normal.

A girl 20 years of age, attending Louisiana State University, presented herself for treatment of an amenorrhea. She had felt well except for loss of appetite and some listlessness. The basal metabolic rate was low, and there was a moderate secondary anemia, but no gastrointestinal symptoms other than those mentioned were present. She was given liver extract, iron, thyroid-ovarian extract, theelin, antuitrin S and other medication all summer, but there was no improvement. She went back to college in the fall, and when she returned home for the Christmas holidays, a blood count revealed that the anemia had increased. An examination of the stool disclosed that she had a heavy infection of Endamoeba histolytica. Incidentally, she asked about some bald patches on her scalp which had recently appeared. These proved to be alopecia areata. Antiamebic treatment was outlined, and she returned to college. In the spring, she reported the menstrual periods had returned, the scalp was normal, and she otherwise felt well. Two similar cases have been recently treated with comparable results.

A patient treated here presented a generalized itching, scaling, papulovesicular eruption of twelve years' duration. She had a low basal metabolic rate, intestinal flagellates and many positive reactions to foods and other substances for which she was tested. She has been completely cleared of the parasites, but remains allergic to many substances. She has gallstones, which, I believe, prolong the allergic state.

The organisms encountered on examination of the stool of such patients are Giardia, Trichomonas, Endamoeba and, in 1 case, Balantidium coli. It is stated in many articles that Trichomonas is of no particular importance when found in the intestinal tract. My experience certainly runs to the contrary. Every physician who does vaginal examinations is familiar with the irritation due to this or some related organism. Is it unreasonable to conclude that a similar inflammation of the bowel could ensue in the presence of numerous parasites of this genus? They live and multiply; naturally, they absorb food. A vitamin deficiency can result with effects on the skin. One could double or treble the vitamin intake and, possibly, have no toxic or allergic elements enter the picture by supplying an amount sufficient for the host and parasites. Toxic and allergenic power must be involved for the dermal manifestations continue unless the invading organisms are eliminated.

SUMMARY

I have presented illustrative cases of such disorders of the skin as pellagra, alopecia areata, urticaria, toxic dermatoses and eczematous dermatitis associated with intestinal infestation which have responded to treatment consisting of eliminating the parasites and giving supporting treatment.

References

1. Jelks, J. L.: (a) Cyclopedia of Medicine, Surgery and Specialties, Philadelphia, F. A. Davis Company, 1946, vol. 11, p. 216; (b) J. Arkansas M. Soc. (Aug.) 1909.
2. Peiper: Personal communication to Dr. John L. Jelks.

820 Power & Light Bldg.

HOSPITAL CASE REPORTS

SUCCESSFUL OPERATION IN A CASE OF HEPATOMA*

Dr. McClure: A 64 year old white man, three months prior to operation on Nov. 18, 1946, noticed a mass in the epigastrium, suffered anorexia and occasional vomiting, and during this period lost about 12 pounds. The remainder of his history was noncontributory, except possibly that about three years previously he had been hospitalized for chronic alcoholism.

On examination, he was found to be poorly nourished, to have generalized arteriosclerosis, moderate bilateral inguinal hernia, and a mass about the size of a large grapefruit in the epigastrium, somewhat to the left, which seemed fixed. Laboratory examinations gave essentially negative results. Roentgen studies showed a ptotic elongation of the stomach, suggested filling defect in the cardia and a ptotic displacement of the transverse colon with mild atony.

At operation, the left lobe of the liver, containing a mass the size of a coconut, was removed. There was no evidence of other disease in the abdomen. The postoperative course was uneventful. In three months the patient has gained 17 pounds, and his only complaint now is insomnia. The alkaline phosphatase, bromsulfalein and other laboratory tests give normal results except for the cephalin flocculation which today gave a 4 plus reading.

Dr. Woods: Figures indicate that in this country primary carcinoma of the liver may account for 0.25 per cent of the cases of carcinoma. I wish to point out that in 70 to 80 per cent there is an accompanying cirrhosis, but in this case there was no evidence of cirrhosis at operation. The type of operation in these cases can follow no standard procedure as there is none. In this case, ligation of the left hepatic artery, left portal veins and ligaments was accomplished with heavy chromic catgut. The electrocautery was used to separate the right and left lobes. There was no hemorrhage, and excision was performed under direct vision.

Dr. Williams: I believe this is an outstanding piece of work. Dr. Woods has performed an operation few surgeons in this world have performed and has obtained results few of these surgeons have obtained. This tumor is a pleomorphic type of hepatoma, the cells in some areas having the appearance of a perithelial sarcoma, in other areas a myosarcoma and in still others a classical hepatoma. The tumor and a microscopic slide are on exhibit.

SESSILE PAPILLOMA OF MECKEL'S DIVERTICULUM

Between March 1945 and November 1946 a 19 year old white man had six hemorrhages from the gastrointestinal tract, for which he was hospitalized elsewhere and given transfusions. He entered this hospital on Nov. 5, 1946 after having suffered a severe hemorrhage. At operation one hour after admission, there was removed a Meckel's diverticulum in which was a sessile papilloma 3 cm. in diameter at the edge of which were two ulcers .5 cm. in size with recently thrombosed veins. Resection of the area was done by Dr. Woods, and the patient made an uneventful recovery. So far, we have not found a single case of such a tumor in a Meckel's diverticulum recorded in the literature.

CALCIFIED METANEPHROS OF KIDNEY TOPPING CYST OF PRIMITIVE KIDNEY PELVIS

A mass was discovered in the abdomen of a 29 year old white man, in a pension examination. It extended from under the liver on the left to deep down in the pelvis and was movable, nontender and cystic. After roentgen studies and pyelograms, in which the dye penetrated only 3 cm. up the left ureter, a diagnosis of retroperitoneal cyst probably of nephrogenital origin was made. At operation, Dr. Woods removed a large cyst containing a gallon of watery clear fluid and topped by a calcified mass the size of a lime with a cystic center. There was no kidney on this side. Recovery was uneventful. Histologic study showed this calcified mass to contain structures suggestive of attempted glomerular formation. The diagnosis calcified metanephros of kidney topping cyst of primitive kidney pelvis was made. This case is reported since to date we have not found a similar case in the literature.

RADIATION ENCHONDRITIS

A 67 year old white man had elsewhere repeated radiation of the neck from March to September 1946 for pharyngeal carcinoma. The larynx is shown since it demonstrates what radiation may do. The enchondritis caused by this therapy produced an edema which resulted in the death of the patient.

MYOCARDIAL INFARCTION OF THE RIGHT VENTRICLE, POLYCYSTIC KIDNEY, ENCEPHALOMALACIA

Dr. Barnett: A 66 year old white man had suffered from dizziness, headaches and occasional blackouts since July 1946. He remained active until Jan. 16, 1947 when he lost consciousness and on awakening was unable to move his left arm and leg. The patient was moderately obese, tall, sluggish and apathetic. The only element in his past history of note was ten days' hospitalization for rheumatism during World War I. There was complete left hemiplegia, the facial muscle was weak, and knee and ankle, and abdominal jerks were absent. Cardiac sounds were distant, and the blood pressure was 190 systolic and 100 diastolic. Laboratory findings were: urine, specific gravity 1.022 and 4 plus albumin; nonprotein nitrogen 60; red blood cells 4.6 million, white blood cells 11,400, hemaglobin 90 per cent with neutrophils 81 per cent and lymphocytes 19 per cent. Serologic tests gave negative results. The electrocardiogram taken one day before death indicated a recent posterior myocardial infarction. The patient died Jan. 31, 1947 after a progressive downhill course despite medication. The clinical diagnoses were coronary thrombosis with acute posterior myocardial infarction, cerebral thrombosis with left hemiplegia and hypertensive arteriosclerotic disease of the heart.

Dr. Raynolds: Of this group of physicians here, about half will die of coronary infarction. This is a doctor's disease. Infarction of the heart is sometimes contributed to by a cerebral accident. Whether the blood pressure became lower than registered at entry is not known, but if it did, infarction would be more likely.

NECROPSY FINDINGS

Dr. Goldthwait: The significant findings in this case are the myocardial infarction of the right ventricle, with adjacent pericarditis, the polycystic kidney on the right, and the encephalomalacia from occlusion of the right lenticulostriate artery.

Dr. Williams: I think Dr. Raynolds' suggestion of a possible lowering of blood pressure after the encephalomalacia is an apt one because of the infarction in this case. While occlusion of the right coronary artery is common, infarction of the right ventricle is very rare. In this case a study of the stereoscopic roentgenogram** of the injected coronary arteries indicated that a collateral circulation had been established with an occluded right coronary artery whose circulation in turn was occluded. It is possible that there might have been a lowering of blood pressure, and this might have affected the coronary circulation and aided in the establishment of the infarction.

Another interesting feature in this case is that of one polycystic kidney, and one finely granular kidney in which there were no cysts. We suspect the cystic kidney was congenital, but with no history of congenital kidney in the family, and with one kidney not cystic, we cannot say definitely.

Still more interesting is the fact that a portion of the cystic kidney had a smooth surface while the other kidney was granular. In another case we observed, one small kidney with a constricted artery was smooth, and the other larger one with a normal artery was granular. This would suggest a Goldblatt reaction, with constriction of renal vessels of the smooth surface kidney, producing hypertension, by virtue of angiotonin production, and this, in turn, producing the granular kidney.

**Selected from the presentations at the weekly clinical and anatomic pathology conferences of the Staff of the Veterans Administration Hospital, Bay Pines, and edited by Dr. John W. Williams, Pathologist in Charge of Laboratory. The 5 cases published here were presented at a meeting of the Staff on Feb. 6, 1947 with the members of the Pinellas County Medical Society as guests.*

***STEREOSCOPIC ROENTGENOGRAMS OF INJECTED CORONARY ARTERIES. An exhibit is shown of stereoscopic roentgenograms of hearts with arteries injected with radiopaque material. The first is of a comparatively normal arterial pattern, the patient succumbing of a subacute glomerular nephritis. The second is of an infarct of the left ventricle, and the third shows infarction of the right ventricle. This method of taking stereoscopic roentgenograms of the heart has been developed in our laboratories and seems superior to the methods of Schlessinger, in which the coronaries are dissected out, and of Myers and Stoffer, in which the ventricles are sectioned, since the entire vascular system can be visualized in situ and the branches and any impairment in them visualized in three dimensions. The ventricles can then be sectioned by the latter method and the preponderance of right or left ventricle determined.*

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. MCEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. MCKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
C. FREDERIC ROCHE, M.D...D-48.....*Miami*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami Beach*
THOMAS W. TAYLOR, M.D..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48..*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MAXEY DELL, JR., M.D...AL-48.....*Gainesville*
ROBERT D. FERGUSON, M.D...B-49.....*Ocala*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES, M.D...A-48.....*Delmniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahoochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D...AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51..... *DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48.*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
DUNCAN T. MCEWAN, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1947)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
LOUIS M. ORR, II, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1948)

From Our President

THE PHYSICIANS' RESPONSIBILITY

During the last few years American physicians have allowed themselves to be placed on the defensive in the opinion of the general public as well as in the legislative halls. This condition has been brought about by reason of the fact that the physician, who is an individualist, feels that because his entire life is given to the alleviation of pain and the prevention of disease, his methods are beyond questioning.

The general public looks on medicine from an entirely different viewpoint. It sees illness, recovery or death, and "bills" with emphasis markedly on the last item. Some of our ethical principles are not understood. For example, the public does not understand why a consultant cannot be called to take over a case in which he has been a consultant. In legislative matters whenever any measure is proposed or opposed by organized medicine, the legislative body takes it for granted that such proposal or opposition is entirely for selfish interest.

These conditions can be eradicated only by education. A physician's clientele considers that physician above reproach, but all other physicians questionable. If we will take a few moments from time to time to give some of the highlights of medical history, to explain something of our aims and ideals to our patients, to the public at large, and to our legislators, the present antagonism will disappear. By this method and by taking advantage of every opportunity to address groups of all types as to the principles of medical ethics, medical ideals and objectives, we can regain the position of trust, esteem and respect in our various communities that was formerly held by the family physician. He was not only the healer of the sick, but was a general counselor in public affairs.

The fact that we earn our living through human suffering should make us considerate and humble. The fact that we ourselves have set such high standards of proficiency for practicing the healing arts has made us students and researchers. The fact that American physicians are the only group in our social order, who by their every effort in the field of preventive medicine, are trying to destroy the need for our profession should make us courageous and proud, but never to the point where gentleness of action and consideration of the opinion of others does not influence our activities.



The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D.....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents
John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945.....*Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

SPADEWORK

How much thought have you given to the Association's Public Relations program since the recent annual convention in Miami? The inspiring address on "The Doctor and the Public," made there by Dr. Frank G. Slaughter, is published in this number of The Journal. Whether you heard it at the meeting or not, read it now. Then take stock of the spadework you have done and are doing in behalf of this vital phase of organized medicine.

Webster defines spadework as "figuratively, the hard, plain, unhonored, preliminary drudgery in any undertaking." Much of the initial drudgery incident to a progressive Public Relations project for the Association has already been done by the special committee that has mapped out an excellent program and employed a highly qualified Director of the Public Relations Bureau in the person of Mr. Ernest R. Gibson. Now the success of this program rests to a very great extent on the individual member, with whom the Bureau is eager to cooperate.

It has been aptly said that 'public relations are the sum total of private relations.' Every member of the Association has an important part in the spadework that must continually be done to dispel the unfortunate impressions that reflect upon the medical profession in the mind of the public and to build up a wholesome, constructive relationship with the laity that cannot but redound to the welfare of the public primarily and in that way to the best interests of the individual doctor and the profession as a whole.

Personal spadework consists primarily of being properly informed. Digging out the facts may mean "hard, plain, unhonored, preliminary drudgery," but the undertaking should be well worth the effort for it can be made to pay big dividends. The medical profession has a worthy case to present to the public, one in which it rightly takes great pride; all it needs is the proper presentation.

Qualify now for the Speaker's Bureau. Take the time to use your countless opportunities to present the just cause of organized medicine to the public. In his article Dr. Slaughter tells how to obtain source material that will spare you much time and drudgery in marshaling the facts for interesting and accurate presentation. The efforts of Dr. Slaughter, Chairman of the Public Relations Committee, and Mr. Gibson, Director of the Public Relations Bureau, will be relatively futile without the cooperation of every single member of the Association. What will the sum total of public relations in Florida be this year? Very largely what you make it—the aggregate of your personal relations with the public. Do your utmost now to nurture and restore to its rightful normal state the lifeline of unfettered, unregimented medicine in this state.

"AIR POWER IS PEACE POWER"

Know the Air Forces! Honor them for their important work! Air Force Day, the fortieth anniversary of the Army Air Forces, will be observed on Friday, August 1. The official symbol for this day carries the appropriate slogan, "Air Power Is Peace Power." Every citizen needs to realize the relationship between a strong air force, national security and the preservation of peace.

The purpose of Air Force Day is to emphasize the importance of the Army Air Forces in maintaining the security of the United States; to make the public aware of air power as an effective instrument of world peace; to stress the responsibility of the American people in supporting and providing an adequate air force; to explain the vital need for a continuing program of air research and development; to direct attention to the Army Air Forces' many contributions to progress; and to honor the men, living and dead, who pioneered the development of air power and who served their country in the air.

Looking backward, this branch of the service may well take pride not only in its distinguished military record but also in the long list of its outstanding contributions to American aviation. Prominent among these contributions are the development of the first all metal aircraft, the pressurized cabin and the Ground Controlled Approach (GCA). Too, there are noteworthy additions to aviation knowledge through the pioneering of air routes, experimentation in all weather flying and discoveries in the field of aerial navigation, aerial photography and aviation medicine—to name but a few of the foremost.

Looking forward, air power, supporting the policies of peace-loving nations, is insurance against war. The creation and maintenance of adequate air forces, however, require assured cooperation to an unprecedented degree between civilian scientists, research workers and industrial leaders, and military scientists, engineers and planners.

Air Force Day serves both as a memorial to past deeds and the heroic dead, and as a reminder to Americans everywhere that they live in an air age in which, in the words of James H. Doolittle, events move far too fast for nineteenth century thinking. With him, every American should find in this observance a symbol of American progress and an incentive to greater air power if the nation would retain its freedom and its greatness.

FLORIDA MEDICAL SERVICE PLAN LEADS IN INCREASED ENROLMENT

An increase in enrolment of 299.28 per cent was the record of the Florida Medical Service Plan for the first quarter of 1947. The Blue Cross Commission revealed this progress, which leads the nation, in a report released in May of a special study of the net enrolment gains of the Medical Service Plans coordinated with Blue Cross Hospital Service Plans throughout the country. Of these Plans, four increased their enrolment more than 100 per cent with the Florida Plan having the greatest increase, which was far in excess of its nearest competitor. The enrolment on April 1, 1947 was 11,655, and the enrolment growth for this first quarter of the year was 8,736. The average number of participants per contract was 2.28. Mr. H. A. Schroder, Executive Director, and the Florida Medical Service Corporation are to be congratulated on the phenomenal growth of this Plan, which was put into operation only last fall. With the full cooperation of all members of the Association it will undoubtedly continue to make rapid progress.

The report of the Blue Cross Commission disclosed that the Florida Blue Cross Plan also made an outstanding record for the first quarter of 1947. It showed the greatest gain in membership, both in numbers and in percentage of increase over the enrolment of January 1 among plans with an enrolment between 50,000 and 100,000. On April 1 there were 87,458 participants with a gain of 13,723 or 18.61 per cent since the first of the year, and the average number of participants per contract was 2.19. Also, there was a gain of 2,723 more participants during this quarter than during the corresponding quarter of 1946.

"STEPHEN GRAHAM, FAMILY DOCTOR"

Are you listening to the current program on the network of the Mutual Broadcasting Company sponsored by the Bureau of Health Education of the American Medical Association? The title is "Stephen Graham, Family Doctor," and the time is each Monday night, usually from 9:30 to 10:00 o'clock.

Recently a communication was sent by Dr. Robert B. McIver, Secretary of the Association, to the nine Mutual stations in Florida, to ascertain how many of them carry this program. These

stations are WDLB, Panama City; WTAL, Tallahassee; WTMC, Ocala; WTSP, St. Petersburg-Tampa; WKWF, Key West; WKAT, Miami Beach; WIRA, Fort Pierce; WRUF, Gainesville, and WJHP, Jacksonville. Replies were received from eight stations, no response coming from WKWF, Key West. Seven of these eight stations are carrying the program, and the eighth hopes to be in a position to schedule it in the future.

In the replies of the station managers there was liberal commendation for the program; they praised it as certainly worthy of air time and of the highest standard both from the standpoint of entertainment and of public service. There was mention, however, of lack of comment on the part of local physicians. Naturally, directors of radio station programs appreciate expressions of local interest in their programs and are guided by these comments.

Do you, as a member of the Association and of the American Medical Association, give evidence of your interest in the purpose of these broadcasts by listening to them and then by writing or telephoning your local station to express your opinion of the program? Do you help to popularize the program if you like it? This would be a simple public relations service on your part. Comments are welcomed also by Dr. W. W. Bauer, who directs the broadcasting feature of the Bureau of Health Education of the American Medical Association. Commendation encourages and constructive criticism stimulates; both are invited.

TRUDEAU SOCIETY FOR FLORIDA

A Florida branch of the American Trudeau Society, the medical section of the National Tuberculosis Association, was organized at the annual conference of the Florida Tuberculosis and Health Association in Miami on May 2, 1947. The officers named were: Dr. R. D. Thompson, Orlando, President; Dr. Isaac B. Cippes, Miami, Vice President; and Dr. C. M. Sharp, Jacksonville, Secretary.

The American Trudeau Society has been active since 1905. In seeking to eradicate tuberculosis, this nationwide organization of physicians concerned with its medical aspects seeks to promote and initiate measures which will better enable all physicians to diagnose, treat and control the disease. Recently, as a part of its research program, it was designated the administrator of a quantity of streptomycin valued at $1,000,000, which is being allocated to hospitals throughout the country for experimental work in the treatment of tuberculosis and other diseases.

The Florida Trudeau Society, serving as the medical section of the Florida Tuberculosis and Health Association, will advise lay workers in the medical problems of tuberculosis and will foster research in tuberculosis in the state. Dr. Thompson has announced that all physicians engaged in or interested in tuberculosis work are eligible for membership in this society.

STATE NEWS ITEMS

Approximately 300 delegates, including representatives from five Latin American countries, participated in the two day annual conference of the Florida Tuberculosis and Health Association in Miami on May 1 and 2. Among the out-of-state speakers were Dr. Henry C. Sweany, Director, Municipal Tuberculosis Sanatorium Laboratory, Chicago, who discussed streptomycin in the treatment of tuberculosis, and Dr. Robert J. Anderson, Assistant Chief, Tuberculosis Control Division, United States Public Health Service, Washington, who described studies of the Public Health Service with the vaccine BCG.

Officers reelected for the ensuing year were: President, Lacy G. Thomas, Groveland; Vice President, D. E. Williams, Tallahassee; Treasurer, G. W. Frazier, Jacksonville; and Secretary, E. W. Crouch, Foley. Dr. A. C. Walkup of St. Augustine was continued in office as the medical member of the executive committee. The medical advisory committee, composed of Dr. W. T. Sowder, State Health Officer, Dr. Louie Limbaugh, Chairman, Tuberculosis and Public Health Committee, Florida Medical Association, and Dr. C. M. Sharp, Director, Bureau of Tuberculosis Control, State Board of Health, was increased to four with the election to membership of Dr. R. D. Thompson, Director, State Tuberculosis Sanatoriums, and Superintendent, State Tuberculosis Sanatorium, Orlando.

At the annual meeting of the Florida Tuberculosis and Health Association in Miami early in May, Miss Ellen Lovell, Public Relations Director of the National Tuberculosis Association, New

York, reported on the plans of The Advertising Council, Inc., a group of the nation's largest and most powerful advertising organizations banded together to promote public service campaigns. In October, this council will begin a nationwide campaign of education on tuberculosis, stressing the value of periodic roentgen examinations of the chest.

Five distinguished representatives from Latin American countries contributed to the program of the annual conference of the Florida Tuberculosis and Health Association, held in Miami the first week in May. Dr. Juan Arruza, Consultant in Tuberculosis, Department of Health, Santurce, spoke on tuberculosis in Puerto Rico. Tuberculosis Control in French Guiana was described by Dr. Robert Parfaite, Head of the Public Health Service of French Guiana. Dr. Herve Floch, Director of the Pasteur Institute at Cayenne, also spoke on this subject and presented a paper on BCG, describing its origin as an antituberculosis vaccine in France and the results obtained from its use there and in the Colonies.

Representing the National Congress of Tuberculosis of Cuba, Dr. Antonio Navarrete told of the problems of control in his country. Dr. Joyce Tate, Consultant, Kingston Chest Clinic, Jamaica, described the work in that country. Guadeloupe was represented by Dr. Pierre Monnerville, President, Medical Syndicate of Guadeloupe.

Dr. I. Leo Fishbein of Miami Beach was elected to associate membership in the American Psychiatric Association at the one hundred and third annual meeting in New York City recently. Dr. Fishbein will finish his special studies in six months and then expects to return to Florida.

Dr. Lucien Y. Dyrenforth of Jacksonville, who was ill in Miami during the annual meeting in April, has now recovered. He is convinced that the concern expressed and the attentions shown by the members of the Association, and especially by the Miami physicians and the Jackson Memorial Hospital staff and personnel, contributed immeasurably to his rapid recovery. In a communication to The Journal he expressed his deep appreciation to all.

A delightful account of the postconvention trip to Havana has come to the Editor's desk through the courtesy of Dr. William W. McKibben of Miami. Dr. McKibben's narrative powers portray graphically the charm and attractions of "The Paris of the Americas," nestling in "The Pearl of the Antilles" so close to Florida's tip. Some thirty or forty physicians and their wives enjoyed the trip, which was arranged with meticulous care in every detail by Dr. Carlos Lamar of Miami and his committee.

The gracious hospitality extended by the Cuban Medical Association to the physicians and their wives who made the trip to Havana after the annual meeting of the Association in Miami in April was deeply appreciated and will be long remembered by those fortunate enough to enjoy it. A tour of the hospitals of the city was arranged for the visiting physicians one morning. The last day of the sojourn in Havana was spent in the country at the plantation of the Cuban Medical Association, where the visitors were entertained with native dances and a cock fight. In this unique setting they also enjoyed a sumptuous repast and dancing.

Dr Webster Merritt of Jacksonville, newly appointed Assistant Editor of The Journal, was recently elected to the presidency of the Jacksonville Historical Society. Dr. Merritt has made an outstanding contribution to the medical lore of Florida in his "History of Medicine in Duval County," published serially in The Journal. The eleventh instalment appears in the current number. Dr. Merritt is a vice president of the Florida Historical Society and has contributed a number of articles to the Florida Historical Quarterly.

The dates for Medical District Meetings have been set by the Council at 2:30 p. m. as follows: Panama City, October 27; Lakeland, October 29; Fort Pierce, October 30, and St. Augustine, November 1.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Manning J. Rosnick, Miami, announce the birth of a son, Jefrey Ronald, on April 16, 1947.

Dr. and Mrs. Nelson A. Murray, Jacksonville, announce the birth of a daughter, Margo, on May 28, 1947.

DEATHS — MEMBERS

Dr. Alfred M. Bidwell, Tampa	April 12, 1947
Dr. Ira A. Dailey, Micanopy	April 14, 1947
Dr. R. C. Boothe, Fort Pierce	May 20, 1947

OTHER DOCTORS

Dr. Robert Lawrence Mason, Roanoke, Va., Jan. 15, 1947

Dr. T. A. Blinn, North Miami Beach, Dec. 6, 1945.

FRANK RICHARD MORROW

Dr. Frank R. Morrow of Miami died after a prolonged illness on March 5, 1947. He was 44 years of age.

Born in Bakerstown, Pa., Dr. Morrow attended the University of Pittsburg, where he received the degree of Bachelor of Science in 1923. Four years later he received from the Ohio State University College of Medicine the degree of Doctor of Medicine. After serving as an intern at Starling-Loving University Hospital, Columbus, Ohio, for one year and completing a year's residency at Jackson Memorial Hospital, Miami, he entered the practice of medicine in Miami in 1930. He rapidly made an enviable record in the fields of internal medicine and allergic diseases.

Dr. Morrow was a member of the staff of the Dade County Hospital, attending physician in charge of the medical staff and consultant in allergy at the Jackson Memorial Hospital, and a member of the Dade County Medical Association, the Florida Medical Association, the American Medical Association and the Southern Medical Association. He was also a diplomate of the American Board of Internal Medicine. His medical fraternity was Phi Beta Pi. In Miami, he held membership in the Rotary Club, the Century Club and the Coral Gables Country Club.

COMPONENT COUNTY SOCIETIES

BAY

At the weekly luncheon of the Lions Club at the Dixie-Sherman Hotel in Panama City in mid-April, Dr. William C. Roberts, secretary of the Bay County Medical Society, was the principal speaker. He spoke in behalf of the Cancer drive in the county to raise $2,000 to continue a program of education and research.

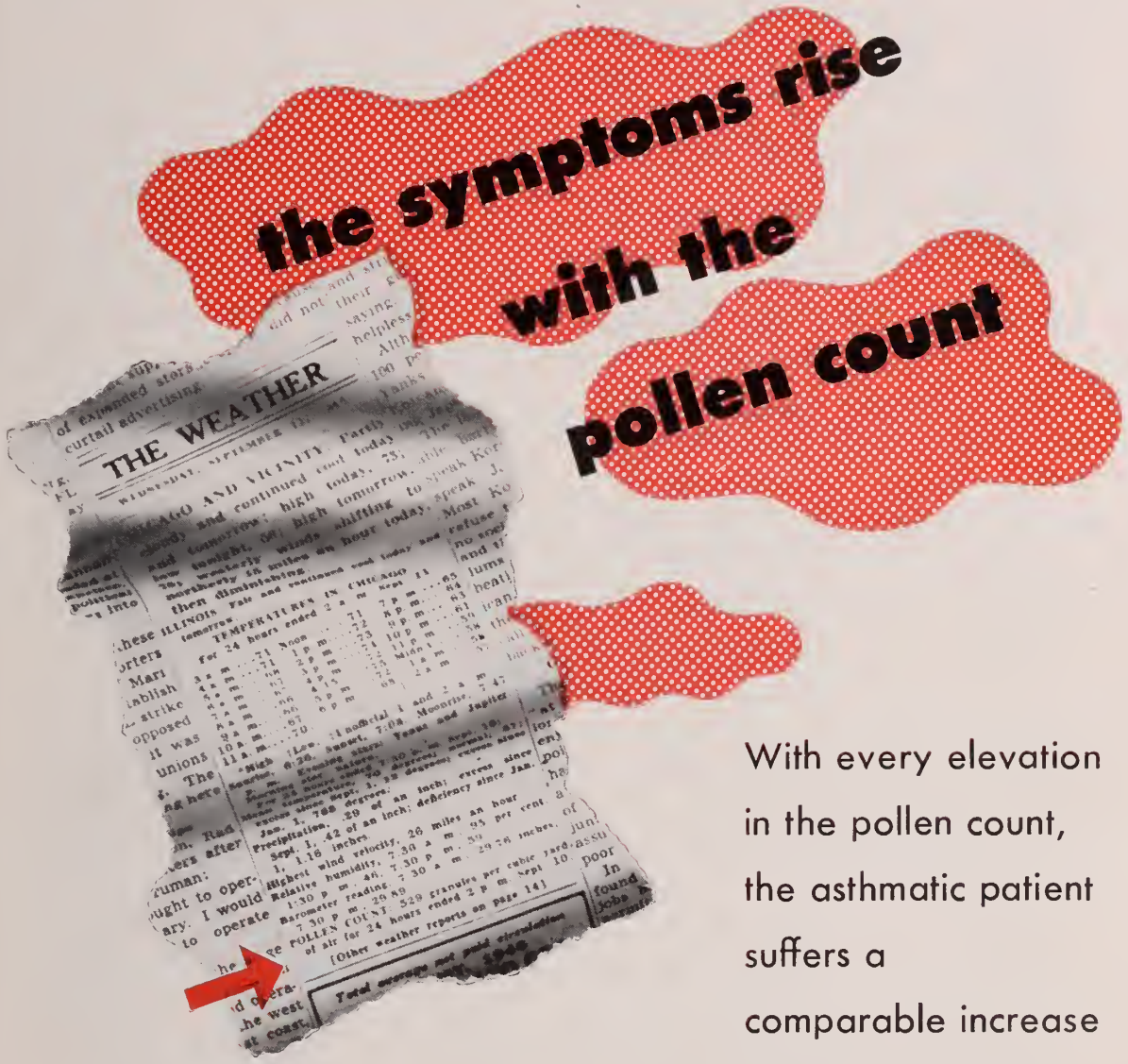
DUVAL

At the April meeting of the Duval County Medical Society Dr. Norman Conant, Professor of Micology and Assistant Professor of Bacteriology at Duke University, gave an illustrated lecture on "Epidemic Tinea Capitas," and Drs. Frank Wilson, Alan Brown and Lauren Sompayrac presented several patients being treated for this ringworm of the scalp. In view of its unusual prevalence among the school children of Jacksonville and Duval County, a resolution offered by Dr. E. B. Milam, chairman of the Committee on Public Health and Legislation, was unanimously adopted recommending that local health departments make repeated surveys among the school children, using Wood filter lights to discover all cases as they occur, that infected children be excluded from school and all other public gatherings until cured, and that the health departments, using the Wood filter light as a means of diagnosis and basis for action, handle all exclusions from and readmissions to school in this connection.

NASSAU

On April 16, 1947 Dr. David G. Humphreys completed fifty years of service to Nassau County and Fernandina as a practicing physician. At the Rotary luncheon that week appropriate tribute was paid Dr. Humphreys for his long and honorable record, and his fellow Rotarians presented him with a pen and pencil set as a token of esteem. Engraved on the gift were the dates "1897-1947" and "Service Above Self," the Rotary slogan so well earned by Dr. Humphreys.

WANTED: Location in Florida for general practice in town where medical doctor is needed. Also experienced refractionist and willing to accept such position. Address Florida Medical Association, Jacksonville, Florida. Key 69-10.



With every elevation in the pollen count, the asthmatic patient suffers a comparable increase in the severity of symptoms. In the dyspnea of allergic asthma, Aminophyllin has been found to provide efficient relief.

AMINOPHYLLIN

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Searle Aminophyllin contains at least 80% of anhydraus theaphylline.
G. D. Searle & Co., Chicago 80, Illinais

SEARLE

RESEARCH
IN THE SERVICE
OF MEDICINE

Medical Advertisement



From where I sit *by* Joe Marsh

How to Go to Sleep

We were sitting around Bill Webster's parlor Friday evening and the talk turned to the best way of overcoming sleeplessness . . . like breathing real slow, imagining that you weigh a ton, or simply throwing away the pillow.

The consensus favored counting sheep. But right away was the question: what *kind* of sheep? There were some votes for Merinos, Shropshires, Oxfords and Dorsets. Ed Carey said he had best luck counting crossbreeds.

Finally, Bert Childers spoke up with his formula: A light snack and a mellow glass of beer at bedtime. Sort of puts you in the right mood for quiet thoughts and peace of mind. Lets you relax . . . and "ho hum," off to pleasant dreams!

From where I sit, there's nothing like a temperate glass of beer to smooth away the creases of the day, relax a body, and pave the way for a good night's sleep. Try it some night, and see if I'm not right.

Joe Marsh

Copyright, 1947, United States Brewers Foundation

ORANGE

WILLIAM EWING SINCLAIR

Whereas, God, in his infinite wisdom, has taken from our midst William Ewing Sinclair, M.D. and

Whereas, Dr. Sinclair has long been a valued member of the Orange County Medical Society, having at one time served as its President, and

Whereas, His accomplishments in his specialty and his friendly personality have merited the admiration and affection of his colleagues.

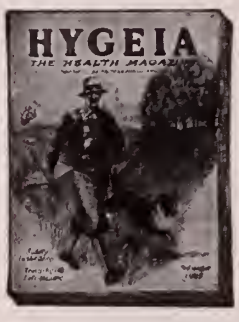
Be it resolved: That the Orange County Medical Society go on record as deeply regretting the death of its friend and member and

Be it further resolved: That this resolution be spread in the minutes of the society and a copy forwarded to the family of the late Dr. William E. Sinclair.

PINELLAS

At the Morton F. Plant Hospital in Clearwater on May 1, 1947 the Pinellas County Medical Society held its regular monthly meeting following cocktails and dinner. The five applicants unanimously received into membership were Drs. V. D. Smith, G. H. Anderson, J. A. Schindler, G. O. Gunderson and K. J. Weiler.

After Drs. A. M. Feaster, J. A. Bradley and W. H. McConnell, the representatives of the society at the annual convention of the Association in Miami the previous week had made their report, the scientific program was presented by Dr. R. H. Center, who read a paper on "Treatment of Appendiceal Stump," and Dr. H. E. Winchester, who reported a "Case of Adrenal Rest Tumor of the Ovary."



HYGEIA

The Health Magazine

Will teach your patients about diet and exercise, child welfare, and household sanitation, the value of professional service and the importance of healthful living. It is a splendid investment. Keep it on your office table. Here is a special offer—$3.00 a year; 6 months for $1.00.

Pin a dollar to this ad and mail to

AMERICAN MEDICAL ASSOCIATION
535 N. Dearborn St., Chicago

"If you want to know the road ahead inquire of one who has travelled it..."
— Chinese Proverb

IF YOU WANT A *Direct-Recording* ELECTROCARDIOGRAPH *depend on a manufacturer with long experience in producing*

Accurate STANDARD *Permanent* RECORDINGS!



Cardiotron

The *First* Successful *Direct-Writing* ELECTROCARDIOGRAPH

The unexcelled performance of the direct-recording Cardiotron—a product of the Electro-Physical Laboratories—reflects more than a decade of experience in manufacturing direct-recording electroencephalographs.

In the Cardiotron the technique of direct electro-recordings are developed to perfection. This instrument produces *instantaneous, permanent* readings. All photographic procedures are completely eliminated. Thus, the Cardiotron enables cardiographic investigation during surgery as well as in routine office or clinical practice, or even in the patient's home. The Cardiotron weighs only 31 pounds, is vibration-proof and is free of susceptibility to strong interfering electrical fields. You are invited to send for complete details.

Manufactured by Electro-Physical Laboratories, Inc.

Distributed and Serviced by L. & B. Reiner

Eastern Representatives of ELECTRO-PHYSICAL LABORATORIES, INC. and JONES METABOLISM EQUIPMENT CO.

L. & B. REINER, 139 East 23rd Street, New York 10, N. Y. "D-6"

Please send me further information, without obligation, about CARDIOTRON, the Direct-Recording Electrocardiograph.

Dr.....

Address.....

City..... Zone.....State.....



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting August 18, September 22, October 20.
Four Weeks Course in General Surgery starting August 4, September 8, October 6.
Two Weeks Surgical Anatomy & Clinical Surgery starting July 21, August 18, September 22.
One Week Surgery of Colon & Rectum starting September 15, and November 3.
Two Weeks Surgical Pathology every two weeks.
FRACTURES & TRAUMATIC SURGERY — Two Weeks Intensive Course starting October 6.
GYNECOLOGY — Two Weeks Intensive Course starting September 22, October 20.
One Week Course in Vaginal Approach to Pelvic Surgery starting September 15 and October 13.
OBSTETRICS—Two Weeks Intensive Course starting September 8, October 6.
MEDICINE—Two Weeks Intensive Course starting October 6.
Two Weeks Gastro-Enterology starting October 20.
One Week Course Hematology starting September 29.
One Month Course Electrocardiography & Heart Disease starting September 15.
Two Weeks Intensive Course in Electrocardiography & Heart Disease starting August 4.
DERMATOLOGY & SYPHILOLOGY—Two Weeks Course starting October 20.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital.

Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

PATRONIZE JOURNAL ADVERTISERS

J.K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLIGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

The Brown Schools
INC.
FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.



COSMETIC *HAY FEVER?*
Prescribe UNSCENTED AR-EX Cosmetics
Recent clinical tests showed many cases of cosmetic sensitivity, but not a single one to UNSCENTED AR-EX Cosmetics. For allergic patients, prescribe UNSCENTED AR-EX Cosmetics—free from all known irritants and allergens. SEND FOR FREE FORMULARY.



AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

FREE FORMULARY
DR._____
ADDRESS_____
CITY_____
STATE_____

S. A. Kyle *Funeral Director*

MEMBER
National Selected Morticians
BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

MIAMI SURGICAL COMPANY
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing



HOYE'S SANITARIUM

"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.
Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.
Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.
Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the
American Psychiatric Association



The Mary E. Pogue School

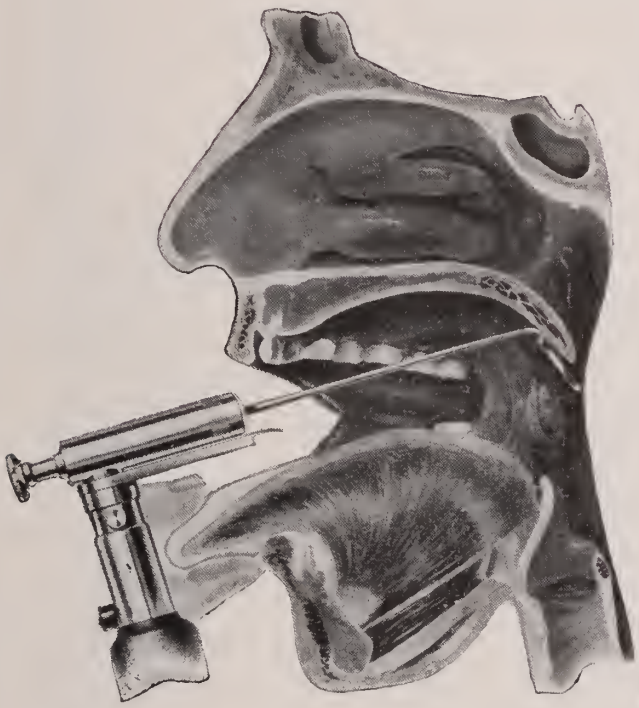
Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director
Barclay J. MacGregor
Registrar
33 Geneva Road, Wheaton, Illinois (near Chicago)

Tongue Depressor & Laryngoscope



Compact, Versatile . . .
An Accurate Diagnostic Aid

The best features of two instruments are combined in the AO Tongue Depressor and Laryngoscope, the instrument being readily convertible from one use to the other. Model No. 1290B (illustrated) is supplied with interchangeable 9/16″ and 3/4″ mirrors; the position of each is adjustable to give a fine focus of illumination in the desired plane. The specially designed blade holder of Model No. 1290B makes it adaptable to spatulas of various widths and thicknesses.

Many physicians prefer a light, compact instrument, particularly in diagnostic work outside the office. By combining two often-used instruments the American Optical Tongue Depressor and Laryngoscope fills just this need.

American Optical COMPANY

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, 1948
Florida Medical Districts	W. Duncan Owens	Council Chairman	
-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Panama City, Oct. 27, 1947
-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	St. Augustine, Nov. 1, 1947
-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Lakeland, Oct. 29, 1947
-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	Fort Pierce, Oct. 30, 1947
erican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	
thern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
bama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham
rgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
rida—			
ection, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	St. Augustine, 1948
asic Science Exam. Board	Ezda M. Devitney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, Nov. 1, 1947
ental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
erm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
ealth Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
ospital Association	E. C. H. Pearson, W. P. B.	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
ospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
ndustrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, 1947
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	Jacksonville
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
Public Health Association	Frank V. Chappell, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
Radiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
utheastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Atlanta, Ga., Mar. 8-11, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		13	100%	
A	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	56	54	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	4	
A	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
A	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
B	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	17	13	
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	41	37	A-2-49 Irby H. Black, M.D. Live Oak
B	Madison-Suwannee	Joshua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		10	100%	
B	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	176
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Wednesday 7:30 P.M.	32	26	B-3-48 Vernon N. Lockwood, M.D. St. Augustine
B	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	219	206	
B	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	30	27	
B	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
B	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	100%	
B	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. R. Cararo, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	16	15	
C	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	10	B-4-49 Rabun H. Williams, M.D. Eustis
C	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	20	17	
C	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	124	120	
C	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
C	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	52	45	537
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	139	133	
C	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	16	100%	C-5-49 John M. Butcher, M.D. Sarasota
C	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	100%	
C	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	140	100%	
C	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrill Apts. Sarasota	2nd Tuesday 8:30 P.M.	25	24	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula	2nd Tuesday 8:00 P.M.	21	100%	
C	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Leon Bldg Fort Myers	3rd Tuesday 7:30 P.M.	20	13	C-6-48 James R. Boulware, Jr., M.D. Lakeland
C	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	76	71	450
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	84	78	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	19	100%	
D	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. 2421 Boulevard Hollywood	4th Tuesday 8:00 P.M.	60	56	D-8-49 Russell B Carson, M.D. Ft. Lauderdale
D	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	417	384	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	8	590

*Supervise and aid until organized separately. (*Reprint page 738 June 1947 J. F. M. A.*) Total 1753

Some things you would like your patients to know

about Epilepsy

The educational message on Epilepsy, shown below, will appear in full color in LIFE and other national magazines . . . reaching an audience of more than 22 million people. This is No. 205 in the "See Your Doctor" series, published by Parke-Davis in behalf of the medical profession.

Some things you should know about epilepsy

No. 205 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.

EPILEPSY is one of the most widely misunderstood of all diseases.

Many people believe that there's no effective treatment for it, that it's a kind of feeble-mindedness, that it always becomes worse as the patient grows older, and that he has no chance of leading a normal life.

Your doctor, however, will tell you these ideas are false.

The truth is that medical science has accomplished a great deal in its attempt to control epilepsy, and today the outlook for most persons who have the disease is distinctly hopeful.

What is epilepsy?

In broad and simple terms, epilepsy is a disorder in which the patient suffers recurrent nervous seizures. These seizures—usually characterized by muscular convulsions and sometimes by the loss of consciousness—vary greatly in frequency, duration, and intensity.

The fundamental cause of epilepsy is unknown, although a variety of contributing causes have been established.

Contrary to popular belief, heredity as a rule does *not* play the major role in epilepsy. The chances that an epileptic will have an epileptic child are only about one in forty.

Can epilepsy be controlled?

Epilepsy most often begins in childhood or adolescence. In times gone by, a diagnosis of epilepsy was a dreadfully heavy blow. But today the doctor can usually give the parents—and the child—much encouragement and hope. The following figures explain why this is so:

In approximately one out of six cases, the disease eventually disappears—and disappears completely.

Where the disease does not disappear, nearly 50 per cent of the patients are—with proper medical care—entirely free of seizures. Another 25 per cent or so can be almost entirely free, and can lead a virtually normal life.



The treatment of epilepsy

In most cases, modern drugs are the doctor's chief weapon. *Only the doctor knows which drug or drugs should be used, and in what dosage.*

Using these medicines, the doctor has been able to give epileptics a new lease on life. Once haunted by the threat of seizures and the danger of gradual mental deterioration, they often spent their days in tragic seclusion. But now most of them can lead normal lives. They can work, swim, dance, and play golf or other games. Children can go to regular schools and are able to study and play on a par with their schoolmates.

SEE YOUR DOCTOR! If you or your children ever experience a seizure—however mild—*see your physician promptly.* With epilepsy, as with any other disease, he can be of greatest help when you give him a chance to fight the ailment in its *earliest* stage.

Makers of medicines prescribed by physicians

COPYRIGHT 1947 PARKE, DAVIS & COMPANY

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories • Detroit 32, Mich.



NEW YORK ACADEMY OF

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV AUGUST, 1947 No .2

THE N.Y. ACADEMY OF MEDICINE
AUG -8 194
LIBRARY.

IN THIS ISSUE

Manifestations of Internal Diseases in Fundus of Eye
W. J. Knauer

Osteitis Condensans Ilii
Martin C. Szabados

Chronic Urethritis in Women
Arthur J. Butt

What Value Human Life
Personal Responsibility
Editorials

(Complete Table of Contents on Page 64)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

Engravings Courtesy Paul Struck





escape may no longer be necessary . . .







The traditional efforts to escape from areas of "high pollen count" by plane, car, train or ship may frequently be unnecessary. This summer many people will be able to stay at home, or go vacationing from preference rather than from the necessity of escape. The reason is BENADRYL. The patient will appreciate the facility with which this antihistaminic induces relief from the symptoms of allergy. In most cases, from 25 to 50 mg. are sufficient to produce complete symptomatic relief.

BENADRYL (diphenhydramine hydrochloride) is available in Kapseals® of 50 mg. each, in capsules of 25 mg. each, and as a palatable elixir containing 10 mg. in each teaspoonful.

Benadryl®
hydrochloride

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN

MEDICAMENTA VERA

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida

Price $5.00 a year. Single numbers, 50 cents

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association,
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS PAGE

Manifestations of Some Internal Diseases in the Fundus of the Eye,
W. J. Knauer, M.D., Jacksonville 89

Osteitis Condensans Ilii,
Martin C. Szabados, M.D., Tallahassee 95

Chronic Urethritis in Women,
Arthur J. Butt, M.D., Pensacola 99

Hospital Case Reports 102

Editorials: What Value Human Life; Personal Responsibility for Legislation and Public Relations; 'A Wrinkle in Good Public Relations'; Centennial Postage Stamp; Who Expert Committee on Biologic Standardization; Physician Population Increases; State Board of Medical Examiners Meets; University Award for "Doctors—Then and Now"; CARE for the Hungry; A. M. A. Convention Attendance; Postgraduate Course in Infectious Disease 105

State News Items 110

Medical District Meetings 111

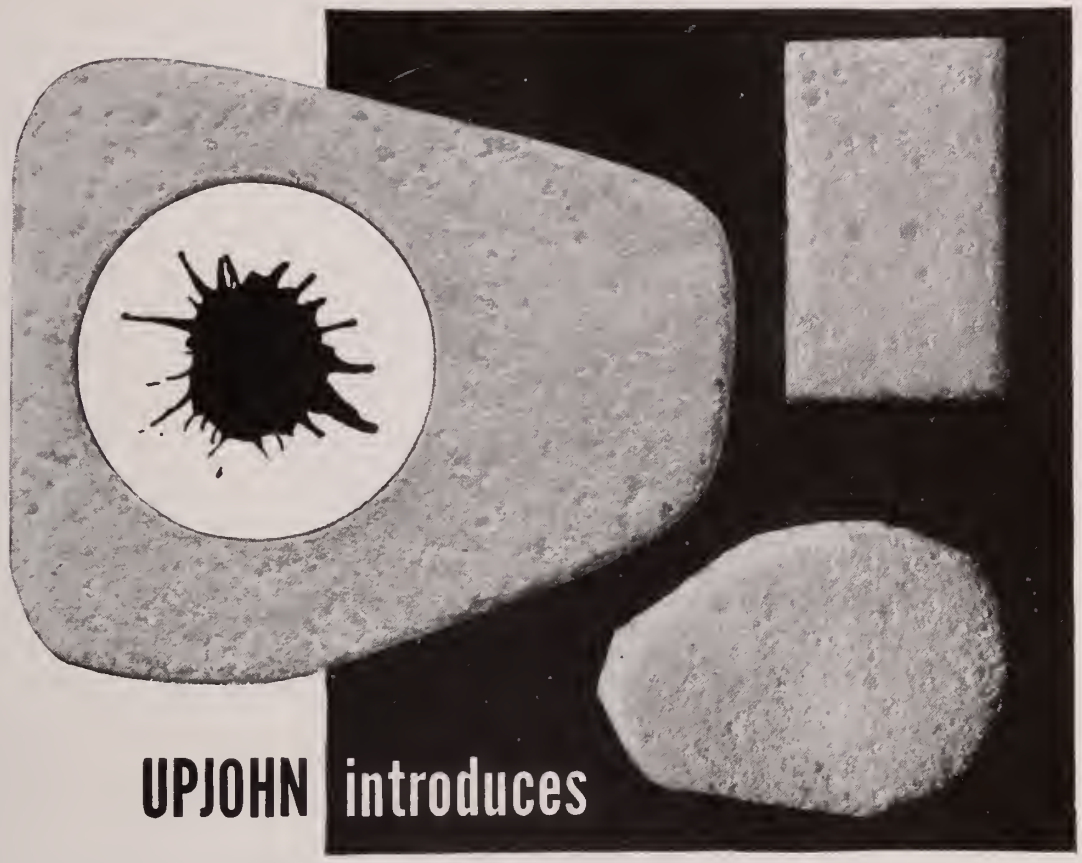
Marriages and Deaths 111

Obituaries 113

THE TUCKER HOSPITAL, Incorporated
212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy



UPJOHN introduces

a new advance in the control of bleeding

The development of Gelfoam* by the Upjohn research laboratories marks a new advance in hemostasis. Gelfoam is a readily absorbable, easily cut and molded gelatin sponge which may be used with or without thrombin and may be left in situ without fear of tissue reactions. Gelfoam makes readily available biochemical hemostasis to simplify the clearing of oozing surfaces, the control of capillary bleeding, the arrest of trickling from small veins, and the stanching of annoying hemorrhage from resected tissues. It has a wide variety of indications in surgery and general practice. Gelfoam is a unique addition to the surgical armamentarium for the control of bleeding.

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

Gelfoam

*Trademark

is made in sponges 20 x 60 x 7 mm. in size. Four sponges are packed in each jar.



WHENEVER NUTRIENT INTAKE MUST BE AUGMENTED

The occasion frequently arises when the intake of all essential nutrients must be increased, as in general undernutrition, following recovery from infectious diseases and surgical trauma, and during periods of anorexia when food consumption is curtailed.

In the general management of these conditions, the dietary supplement made by mixing Ovaltine with milk can find wide applicability. Delicious in taste, it is enjoyed by all patients, young and old. Its low curd tension and easy digestibility impose no added gastrointestinal burden on the patient. This nutritious food drink supplies all the nutrients considered essential for a dietary supplement: biologically adequate protein, readily utilized carbohydrate, easily emulsified fat, B-complex and other vitamins including ascorbic acid, and essential minerals. The recommended three glassfuls daily virtually assures normal nutrient intake when taken in conjunction with even a fair or average diet.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

NOW AVAILABLE FOR SHOWING AT MEDICAL MEETINGS

The Role of

Gastroscopy

in the Diagnosis and Treatment

of Gastric Pathology

AS PRESENTED BY: LEO L. HARDT, M. D.
Clinical Professor of Medicine
Loyola University School of Medicine

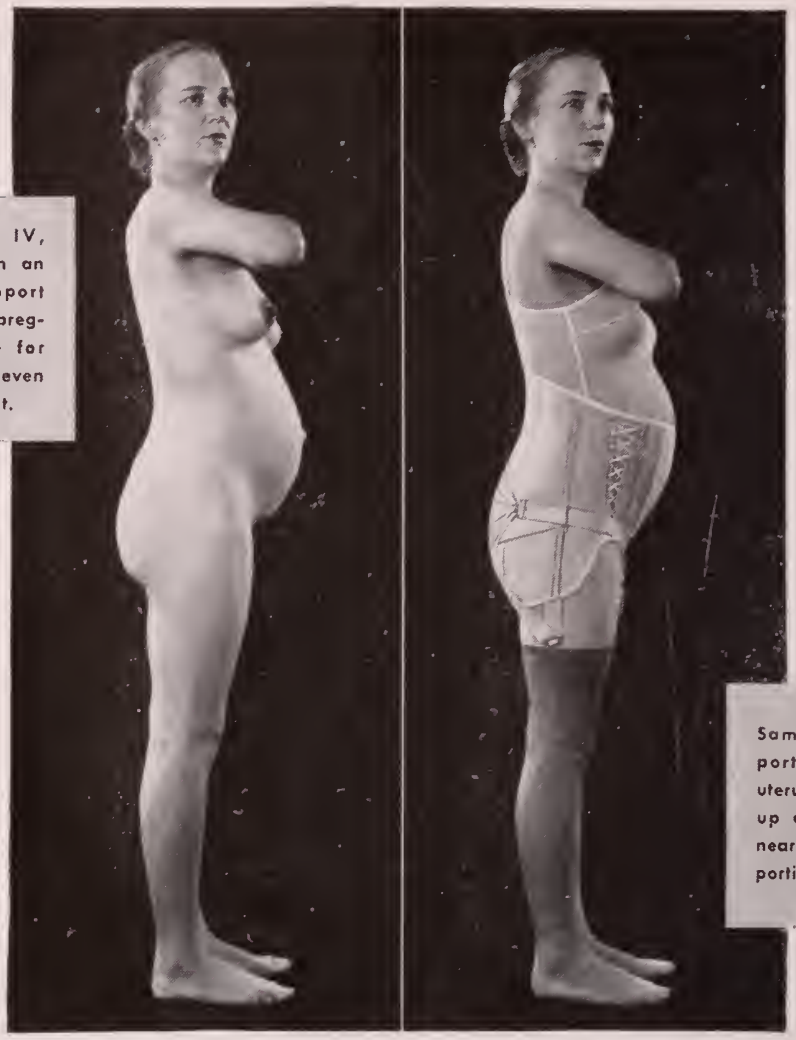
AT THE: American Medical Association Session
Atlantic City, June 9th to 13th, 1947.

This film
contains a critical visual evaluation of diagnostic methods and antacid therapy.

Courtesy prints are available for showing at medical society meetings, on application to the Harrower Research and Development Division.

16 mm.
Kodachrome with sound–running time about 30 minutes.

HARROWER LABORATORY, INC · GLENDALE, CALIFORNIA



Patient, para IV, has never worn an abdominal support during previous pregnancies. Came for support when seven months pregnant.

Same patient: Support applied. The uterus is being held up and back more nearly over the supporting joints.

Support During Pregnancy

CAMP

By relieving the forward and downward shift of the enlarged uterus, Camp prenatal supports take some of the tension from the abdominal muscles and fasciae, assist in the return of venous blood, prevent many backaches and give exceptional support to the softened joints of the pelvic girdle.

Experience shows that best results are obtained when prenatal supports are applied during the fourth month and worn faithfully throughout pregnancy.

S. H. CAMP AND COMPANY • JACKSON, MICHIGAN

World's Largest Manufacturers of Scientific Supports

Offices in New York • Chicago • Windsor, Ontario • London, England

Experience is the Best Teacher

Robert Koch (*1843-1910*) **proved it in bacteriology...**

Koch showed in his postulates that he knew the value of experience: Specificity is demonstrated only when the microorganism (1) is present in all cases of the disease, (2) can be cultivated in pure culture, (3) produces the disease in susceptibles on inoculation, and (4) can be recultivated in pure culture.

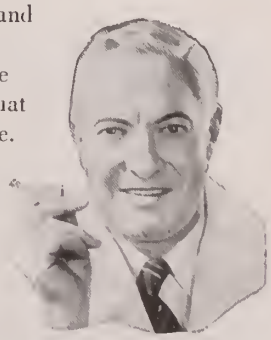




Yes, and experience is the best teacher in smoking too!

The wartime cigarette shortage was a real experience for smokers. Millions of people smoked whatever brand was available—more different brands than they might ordinarily have tried in years. And from that experience so many more smokers chose Camel as their cigarette that today more people are smoking Camels than ever before.

But, no matter how great the demand, we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.

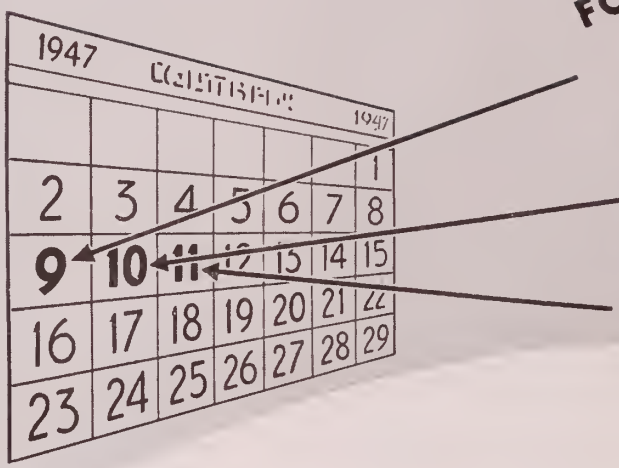


According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Company
Winston-Salem, North Carolina



FOUR DOSE

THREE DAY

TREATMENT OF

MALARIA

The potency and efficiency of the new colorless, antimalarial specific, Aralen diphosphate (SN-7618), has greatly simplified treatment and suppression of malaria. The dosage scheme is very simple: For adults, 4 tablets initially; 2 tablets after six to eight hours and 2 tablets on each of two consecutive days (totaling 10 tablets in three days). This eradicates infection due to Plasmodium falciparum and terminates the acute attack of Plasmodium vivax infection.

Aralen diphosphate has been thoroughly investigated under the auspices of the National Research Council.

Available in tablets of 0.25 Gm., tubes of 10 and bottles of 100 tablets.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Write for Informative Booklet.

ARALEN DIPHOSPHATE

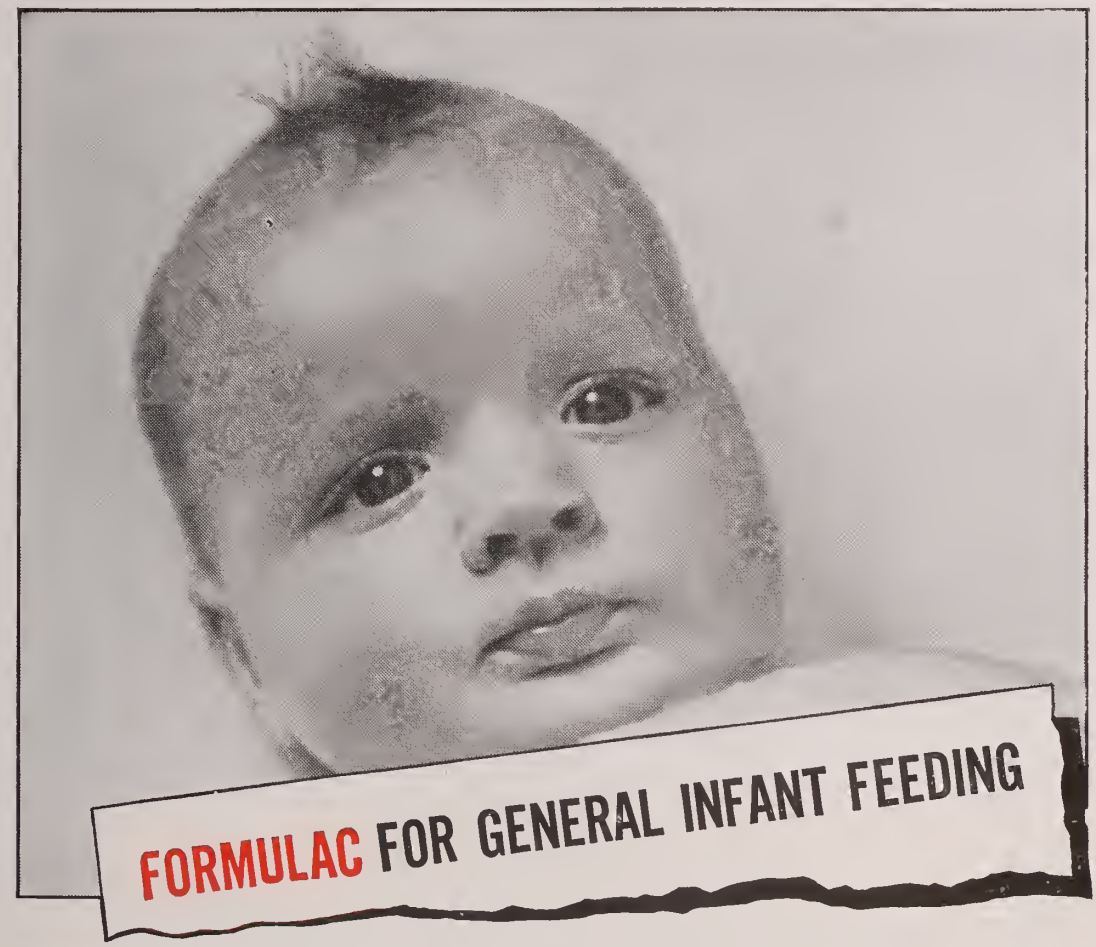
Brand of chloroquine diphosphate

Colorless Antimalarial Specific

ARALEN, trademark

Winthrop CHEMICAL COMPANY, INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

WINTHROP



Formulac Infant Food provides a balanced and flexible formula basis for general infant feeding — both in normal and difficult diet cases.

A product of National Dairy research, Formulac is a concentrated milk in liquid form, fortified with all vitamins known to be necessary for proper infant nutrition. No supplementary vitamin administration is necessary with Formulac. The Vitamin C content is stabilized, assuring greater safety.

The only carbohydrate in Formulac is the natural lactose found in cow's milk—no other carbohydrate has been added. This permits you to prescribe both the amount and the type of carbohydrate supplementation required.

Formulac is promoted ethically, to the medical profession only. Clinical testing has proved it satisfactory in promoting normal infant growth and development. On sale in grocery and drug stores throughout the country, Formulac is priced within range of even modest incomes.

• For further information about FORMULAC, and for professional samples, mail a card to National Dairy Products Company, Inc., 230 Park Avenue, New York 17, N. Y.



Distributed by **KRAFT FOODS COMPANY**

NATIONAL DAIRY PRODUCTS COMPANY, INC.

NEW YORK, N. Y.

PROLONGED
Barrier Action



ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

1—Precoitus. Effective occlusion of cervical os by "RAMSES" Vaginal Jelly.

2—One hour postcoitus. Barrier action maintained by film of jelly.

3—Four hours postcoitus. Uterine os remains occluded.

4—Ten hours postcoitus. Occlusion still manifest—barring the passage of sperm.

The direct-color photographs shown above establish the prolonged barrier action of "RAMSES"* Vaginal Jelly. For photographic purposes, the jelly, which has a transparent clarity, was stained with a nonspermatocidal concentration of methylene blue.

In addition to the barrier action provided by its exclusive gum base "RAMSES" Vaginal Jelly immobilizes sperm rapidly.

Tests by an accredited independent laboratory, supported by clinical work of an outstanding research organization, confirm the lack of irritation and toxicity under continuous use. For dependability in spermatocidal jelly specify

Ramses VAGINAL JELLY
TRADEMARK REG. U.S. PAT. OFF.

Active ingredients: Dodecaethyleneglycol monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division **JULIUS SCHMID, INC.**

quality first since 1883

423 West 55th St., New York 19, N. Y.

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



for the approaching school days

Diphtheria
Tetanus
Pertussis

1

IMMUNITY FROM ALL THREE IN ONE SOLUTION

When you are planning for the inoculations to be given as school days roll around again, remember the convenience and efficacy of National Drug's "D-T-P." Immunity against these three diseases is conferred with three injections at intervals of from 3 to 4 weeks.

"D-T-P" is available in multiple-dose vials.

"D-T-P"

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

DIPHTHERIA-TETANUS-PERTUSSIS COMBINED. ALUM PRECIPITATED

NATIONAL GOOD COMPANY

THE NATIONAL DRUG COMPANY • Philadelphia 44, Pa.

PHARMACEUTICALS, BIOLOGICALS, BIOCHEMICALS FOR THE MEDICAL PROFESSION

VOLUME XXXIV
NUMBER 2

Pollen Count of City Air*

Los Angeles	108
Denver	1126
Washington, D.C.	820
Atlanta	697
Boston	359
Detroit	1921
St. Louis	2826
Chicago	1619
Des Moines	5228
New Orleans	796
Omaha	4159
New York	585
Portland, Oregon	36
Philadelphia	1257
Dallas	2077

*"Allergy in Practice," Feinberg, S. M., Second Edition, 1946, Year Book Publishers, Chicago



Pyribenzamine

HYDROCHLORIDE

In seasonal hay fever Pyribenzamine has provided effective symptomatic relief in 82 per cent of patients.* It has also been successfully employed in urticarial dermatoses, acute and chronic atopic dermatitis and certain allergic drug reactions. The comparatively low incidence of side effects permits adequate doses in cases where other antihistaminics have not been tolerated.

*Feinberg, J.A.M.A. 132:702, 1946

PYRIBENZAMINE ® (brand of tripelennamine)

For further information, write Professional Service Division

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY



Benzedrine Inhaler, N. N. R.
". . . is quite effective in the clearing of nasal congestion due to allergy or infection."

Feinberg. S. M.: Allergy in Practice, Chicago, The Year Book Publishers, Inc., 1944, p. 502.



Your hay fever patients will be grateful . . . particularly between office visits . . . for the relief of nasal congestion afforded by Benzedrine Inhaler, N. N. R. The Inhaler may make all the difference between weeks of acute misery and weeks of comparative comfort.

Benzedrine Inhaler

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 250 mg.; menthol, 12.5 mg.; and aromatics.

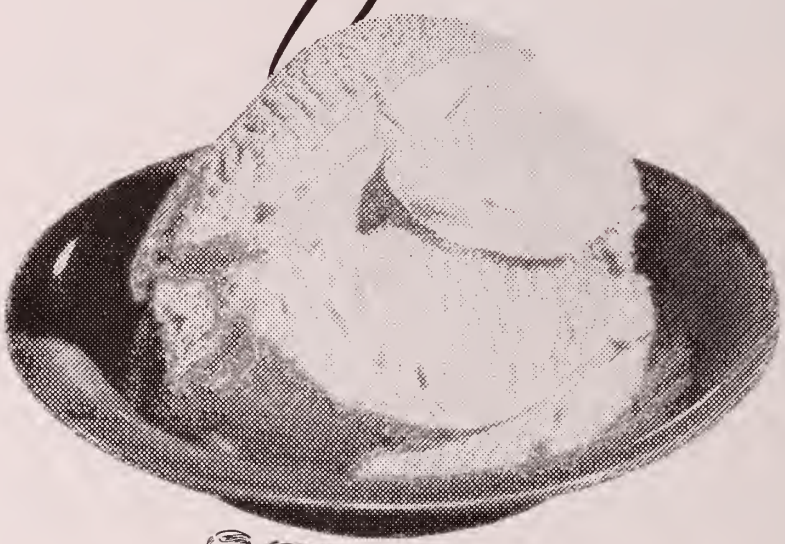


a better means of nasal medication

Smith, Kline & French Laboratories
Philadelphia, Pa.



Nourishing food





Southern Dairies
Sealtest
ICE CREAM
THE MEASURE OF QUALITY

Yes, there's a lot of good sound nourishment, as well as enjoyment, in Sealtest Ice Cream. In addition to Vitamin A and calcium it is rich in the other minerals, vitamins and protein of fresh cream and milk needed by everybody. Besides, it contains 10 important Amino Acids.

**Tune in
the Sealtest Village Store
Thursday Evenings, NBC**

Medical Advertisement

For Better Patient-Doctor Cooperation . . .

★

Put* HYGEIA *in your waiting room



HYGEIA THE HEALTH MAGAZINE

- explodes health superstition
- exposes quack medical practices
- discourages self-medication

Your patients will benefit by reading Hygeia. Send for a copy now —$2.50 per year.

AMERICAN MEDICAL ASSN., 535 N. Dearborn St., Chicago 10

Yes, send me

☐ a free copy of HYGEIA

☐ a year's subscription, $2.50 (Bill later)

Dr. .....

Address .....

City ..... State .....



***Your patients benefit from reading* HYGEIA**

because Hygeia THE HEALTH MAGAZINE

- discourages self-medication
- encourages physical examinations
- gives authoritative health information

Is HYGEIA found regularly in your waiting room?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

AMERICAN MEDICAL ASSN., 535 North Dearborn St., Chicago 10

Yes, send me

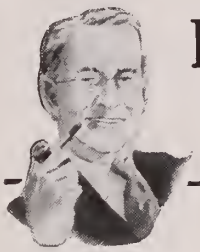
☐ a free copy of HYGEIA

☐ a year's subscription, $2.50 (Bill later)

Dr. .....

Address .....

City ..... State .....



From where I sit *by* Joe Marsh

Jess Hackney's "Daring" Bathing Suit

The Hackneys showed me some tintypes of their nineteen-ten vacation—picnicking on the beach with beer and pretzels, in bathing suits that made them look like they were dressed in street-wear.

Sam was smothered in a long-sleeved pull-over with knee-length shorts, and looking embarrassed—as if he thought Jess's costume of a heavy blouse, two copious skirts, and long, black stockings was a little daring.

We laughed a lot at those costumes ...but come to think of it, as Sam says, we'll probably look just as funny twenty years from now, in what we call our "modern" clothes. Just about the only thing that won't change in the picture is that mellow, wholesome glass of beer.

From where I sit, tolerance that lets us wear sensible, decent clothes—to give us sun and air and freedom—will keep that wholesome glass of beer a part of the American tradition.

Joe Marsh

Copyright, 1947, United States Brewers Foundation

All of the Light...None of the Reflexes... with the *AO Polaroid* Giantscope*



For those seeking an ophthalmoscope with which to obtain a clearer view of the fundus, we offer the AO Polaroid Giantscope as the ideal instrument. The useful illumination reaching the eye is increased over that from ordinary ophthalmoscopes and the undesirable corneal reflex is completely eliminated.

In addition to the unique polarizing system, yellow and red-free filters are furnished as integral parts easily turned into position. Vergence of the light beam is variable with adjustable condensers.

The Giantscope is a truly outstanding instrument for aiding the diagnosis of conditions within the eye.

American Optical COMPANY

*T. M. Reg., U. S. Pat. Off., Polaroid Corp.

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS

$14,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting September 22, October 20, November 17.
Four Weeks Course in General Surgery starting September 8, October 6, November 3.
Two Weeks Surgical Anatomy & Clinical Surgery starting September 22, October 20, November 17.
One Week Surgery of Colon & Rectum starting September 15, and November 3.
Two Weeks Surgical Pathology every two weeks.

FRACTURES AND TRAUMATIC SURGERY—Two Weeks Intensive Course starting October 6.

GYNECOLOGY—Two Weeks Intensive Course starting September 22, October 20.
One Week Course in Vaginal Approach to Pelvic Surgery starting September 15 and October 13.

OBSTETRICS—Two Weeks Intensive Course starting September 8, October 6.

MEDICINE—Two Weeks Intensive Course starting October 6.
Two Weeks Gastro-Enterology starting October 20.
Two Weeks Course Hematology starting September 29.
One Month Course Electrocardiography & Heart Disease starting September 15.

DERMATOLOGY & SYPHILOLOGY—Two Weeks Course starting October 20.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital.

Address:
Registrar, 427 South Honore Street, Chicago 12, Illinois



The "sense of well-being" so frequently reported by patients following "Premarin" therapy often means the difference between an active, enjoyable middle age and a sedentary one. Not only prompt relief from distressing menopausal symptoms but also a brighter mental outlook which may be translated into a desire "to be doing things"...such are the results which may usually be expected following "Premarin" administration . . . therapy with a "plus."

"Premarin" provides effective estrogenic therapy through the oral route with comparative freedom from untoward side effects.

"Premarin" is available as follows:

Tablets of 2.5 mg.....bottles of 20 and 100.
Tablets of 1.25 mg.....bottles of 20, 100 and 1000.
Tablets of 0.625 mg.....bottles of 100 and 1000.
Liquid, containing 0.625 mg. in each 4 cc. (1 teaspoonful).....bottles of 120 cc.

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present as water-soluble sulfates. The water solubility of conjugated estrogens (equine) assures rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40th STREET, NEW YORK 16, N. Y.

Pure..
Wholesome..
Refreshing



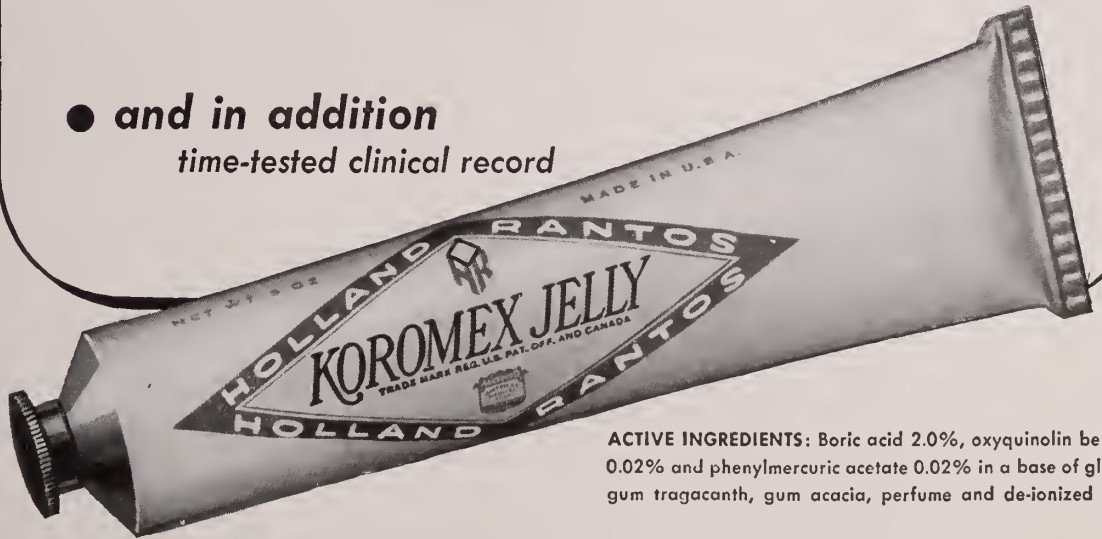
Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

The pause that refreshes

tests prove

KOROMEX JELLY

- **Fastest Spermicidal Time**
  measurable under Brown and Gamble technique
- **Proper Viscosity**
  for cervical occlusion
- **Stable Over Long Period of Time**
  pH consistent with that of the normal vagina
- ***and in addition***
  time-tested clinical record



ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

ACCEPTED
AMERICAN MEDICAL ASSN
Council on Pharmacy and Chemistry

Prescribe Koromex Jelly with Confidence

. . . send for literature

HOLLAND-RANTOS COMPANY, INC., 551 FIFTH AVENUE, NEW YORK 17, N. Y.

"If you want to know the road ahead inquire of one who has travelled it..."
— Chinese Proverb

IF YOU WANT A *Direct-Recording* ELECTROCARDIOGRAPH *depend on a manufacturer with long experience in producing*

Accurate STANDARD *Permanent* RECORDINGS!



Cardiotron

The *First* Successful *Direct-Writing* ELECTROCARDIOGRAPH

The unexcelled performance of the direct-recording Cardiotron—a product of the Electro-Physical Laboratories—reflects more than a decade of experience in manufacturing direct-recording electroencephalographs.

In the Cardiotron the technique of direct electro-recordings are developed to perfection. This instrument produces *instantaneous, permanent* readings. All photographic procedures are completely eliminated. Thus, the Cardiotron enables cardiographic investigation during surgery as well as in routine office or clinical practice, or even in the patient's home. The Cardiotron weighs only 31 pounds, is vibration-proof and is free of susceptibility to strong interfering electrical fields. You are invited to send for complete details.

Manufactured by Electro-Physical Laboratories, Inc.

Distributed and Serviced by L. & B. Reiner

Eastern Representatives of ELECTRO-PHYSICAL LABORATORIES, INC. and JONES METABOLISM EQUIPMENT CO.

L. & B. REINER, 139 East 23rd Street, New York 10, N. Y. "D-6"

Please send me further information, without obligation, about CARDIOTRON, the Direct-Recording Electrocardiograph.

Dr.....

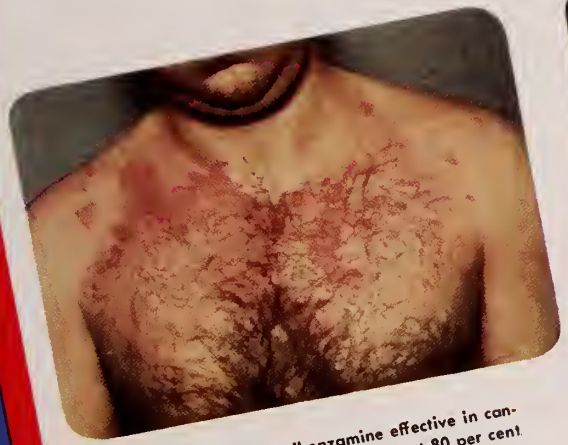
Address.....

City..... Zone.....State.....

RELIEF OF ALLERGY

PYRIBENZAMINE

WHENEVER ANTIHISTAMINICS ARE INDICATED



Acute Urticaria. Pyribenzamine effective in control af itching; gives relief ta abaut 80 per cent af all patients having acute urticaria.



Giant urticaria with large wheal farmatian. Pyribenzamine therapy reduces edema and farmatian af wheals in many af these patients.

The results of an accumulation of some 1,000 cases studied by 38 different investigators show that one of the greatest benefits of Pyribenzamine is in acute and chronic urticaria. An average of both types shows improvement in 76 per cent of all patients. Detailed information and samples of Pyribenzamine can be obtained by writing the Ciba Professional Service Division.

In the suggested list of clinical indications given below, Pyribenzamine has been used advantageously.

• • •

- Food, Drug and Serum Reactions
- Heat, Cold and Light Allergies
- Acute and Chronic Urticaria
- Angioneurotic Edema
- Vasomotor Rhinitis
- Atopic Dermatitis
- Dermographism

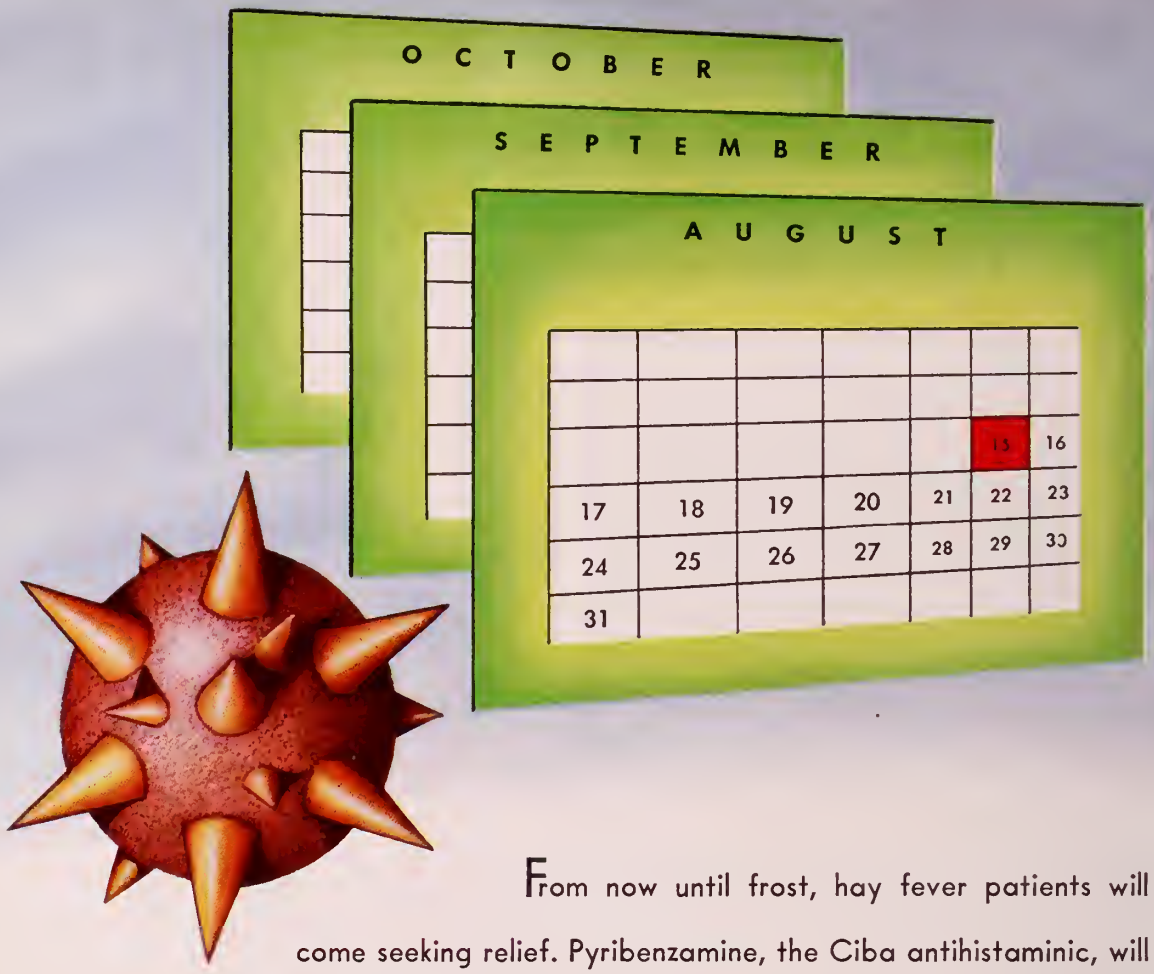
PYRIBENZAMINE

PYRIBENZAMINE ® (brand of tripelennamine)

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY



From now until frost, hay fever patients will come seeking relief. Pyribenzamine, the Ciba antihistaminic, will give benefit to a large percentage of them. In various series, from 62 to 85 per cent have been symptomatically relieved. For practical purposes, Pyribenzamine can be regarded as giving a comparatively low frequency and intensity of side reactions.

PYRIBENZAMINE HYDROCHLORIDE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Production and nation-wide distribution of Pyribenzamine have now been increased so that you can prescribe this drug for your hay fever and other allergic patients with assurance that your local pharmacist can supply it promptly.

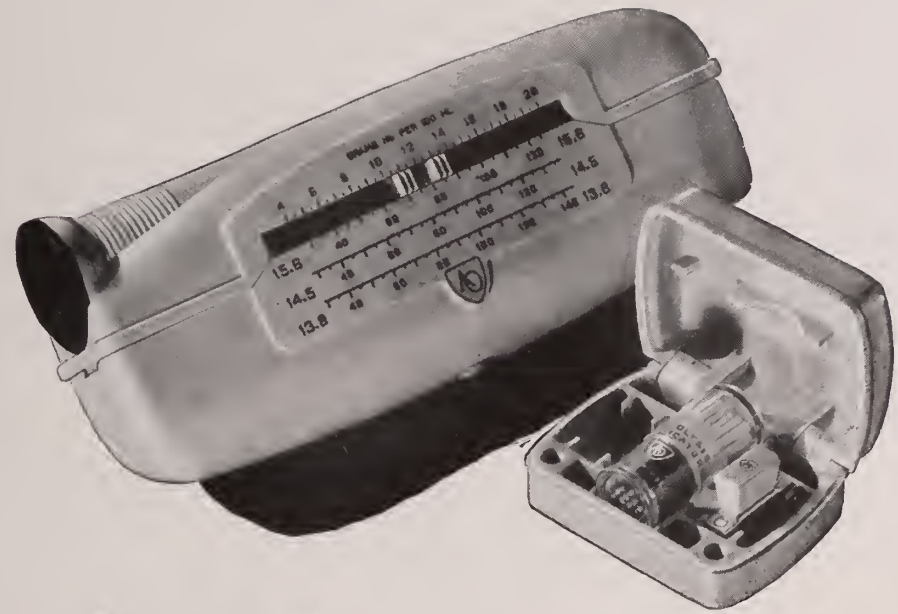


SUPPLIED: Scored tablets of Pyribenzamine hydrochloride, 50 mg. Bottles of 50 and 500.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

2/1219



SPENCER
Hb · Meter

Brings Laboratory Accuracy to the Bedside

This new hemoglobinometer makes it possible for anyone to measure hemoglobin concentration as accurately as with the better laboratory methods — less than three minutes after blood has been extracted.

The Hb-Meter is small enough to fit the pocket or bag, eliminates dilution liquids, volumetric measurements and tables, and operates **anywhere** from self-contained dry cells (or electric outlet). It is ideal for instant, on-the-spot use at the hospital, office or patient's bedside.

The process is simple. Blood is dropped directly onto a glass chamber and hemolyzed with a chemically impregnated applicator. Then the chamber is inserted, the illuminating switch pressed, and the lever moved until the fields match. Hb concentration is then read directly from one of the four scales either in grams per 100 ml or in percentages based on 15.6, 14.5 or 13.8 grams standard.

Price Hb-Meter outfit, complete **$34.50**



Surgical Supply Company

Established 1916

T. EMMETT ANDERSON, Pres. & Gen. Mgr. FRANK E. COOPER JR., V Pres.

WHOLESALE DISTRIBUTORS OF HOSPITAL, LABORATORY, INSTITUTIONAL & PHYSICIANS EQUIPMENT & SUPPLIES. DRUG SPECIALTIES. CHEMICALS

FLORIDA AGENT MATTERN X-RAYS

JACKSONVILLE *TAMPA* *ST. PETERSBURG*

The subject is: Allergy

The advice, as usual, is: "SEE YOUR DOCTOR"

In LIFE and other national magazines, Parke-Davis presents a timely message about allergy (shown below). It appears in full color . . . reaches an audience of nearly 23 million people. It is No. 206 in the "See Your Doctor" series published in behalf of the medical profession.

Some things you should know about allergy

No. 206 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



MEDICAL science has discovered many interesting things about allergy.

If today you tell your doctor that you suffer from asthma, sneezing attacks, or itching eyes, one thing he considers is the possibility that you may be *allergic*—which means that you may be sensitive to some substance which causes no trouble for most people.

In discovering this offending substance (known as an allergen), your doctor acts as a detective. He may ask detailed questions about the time of your attacks, where they occur, the furnishings of your home, the food you eat.

Such questions may give him clues to the nature of your trouble. If your attacks come, for instance, in the late spring or summer months and last till the first frosts, he will suspect that your trouble is due to some pollen that you may have some form of "hay fever."

In other forms of allergy, it is not so easy to track down the offending substance. If your case is not clear-cut, your doctor must consider hundreds of possibilities.

A few grains of mustard can make some people violently ill. A man can be sensitive to his wife's face powder, or to dog hair, or grass pollen, or to the cattle hair in the mat under a rug.

Simple skin tests are often used to reveal the offending substance. Drops of various extracts—of pollen, foods, and other substances—are injected into the skin or put on skin scratches. If you are sensitive to the substance being tested, a swelling will usually develop within a few minutes.

Once a doctor has found what causes the allergic reaction—by means of the history of the case supplemented by skin tests—he will prescribe treatment according to the nature of the patient's sensitivities.

If the patient is allergic to a particular food, the easiest solution is to avoid the food. If his sensitivity is to feathers, the substitution of a fibre pillow for a feather one may bring surprisingly effective relief.

If the allergen is house dust or pollen, or something else that cannot be easily avoided, a series of inoculations may be suggested.

Some people, however, do not respond to this type of treatment, or are sensitive to too many different things to make inoculations a practical procedure. New chemical drugs—developed to control allergic reactions in certain types of allergy—are showing promise. They are to be used, of course, only under the direction of a physician.

SEE YOUR DOCTOR. If you suffer from recurring and unexplained attacks of sneezing, skin rashes, or asthma, see your doctor. In allergy, as in other medical problems, your physician can give you more help today than ever before.

Makers of medicines prescribed by physicians

COPYRIGHT 1947—PARKE, DAVIS & COMPANY

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories • Detroit 32, Mich.

PRE- AND POSTOPERATIVE "Nutritional Intervention"



All food essentials in optimal amounts are needed for the proper nutritional preparation of the surgical patient, as well as for his smoother convalescence. Under these conditions of urgency, the administration of GERILAC offers a highly effective means for providing these essentials in carefully balanced proportions and in easily utilized form.

Gerilac contains generous amounts of valuable milk proteins and the milk carbohydrate, lactose. The fat content is reduced and GERILAC is amply fortified with a full allowance of each of the vitamins and minerals. Convenient to prepare, GERILAC is highly acceptable in beverage form—and may be incorporated in a variety of recipes suitable for surgical and special diets. *Write for Professional Literature and Tasty Recipes booklet.*

BORDEN'S PRESCRIPTION PRODUCTS DIVISION • 350 MADISON AVENUE, NEW YORK 17, N. Y.



Gerilac

A Dietary Supplement for the Aged and Convalescents. GERILAC *contains spray-dried whole milk and skim milk and is fortified with vitamins A and D, B-complex, C, together with niacinamide, monosodium phosphate and iron citrate. Available at professional pharmacies.*

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.



Poor Circulation

When the blood circulation in the extremities is poor, and in cases of claudication, leg ulcers and other symptoms of peripheral vascular disease, relief is frequently obtained by intermittent rhythmic constriction as provided by the Burdick Rhythmic Constrictor.

Experiments demonstrate that when sub-diastolic pressure is applied intermittently to the proximal portion of an extremity, there is a filling and stretching of the capillary bed. With the Rhythmic Constrictor intermittent venous occlusion is produced automatically at such pressure and time periods as may be indicated.

Write us for clinical data and method of use of the Rhythmic Constrictor. You may prescribe the Rhythmic Constrictor for patient's use at home. Our rental rates are moderate.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND
LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

Jacksonville · Miami · Orlando

"In Miami — It's Medical Supply Company"



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing



FOR *Every* BIFOCAL PRESCRIPTION

—there is a Bausch & Lomb lens to fill precisely your requirements. Available now in increased quantities, these bifocal lenses are quality controlled from glass to finished blank. Let our laboratories provide you with accurate, modern bifocal prescription service.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of
BAUSCH & LOMB PRODUCTS



Seventy Years

OF KNOWING HOW



LONG EXPERIENCE in the manufacture, control, and standardization of pharmaceutical and biological products enables Eli Lilly and Company to produce penicillin of quality unsurpassed. Penicillin, Lilly, is pure, safe, dependable. Available through retail pharmacies everywhere.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



Illustration by Herman Giesen

Riddle of the Swamps

AS EARLY as the fourth century B.C., Greek physicians suspected that marshy lands had some connection with malaria. It was not until 1894, however, that Sir Patrick Manson, English physician, advanced the hypothesis that malaria was transmitted by the mosquito. At Dr. Manson's suggestion, Sir Ronald Ross not only traced the development of the parasite in the mosquito but infected healthy birds with malaria. A riddle of many centuries was finally solved!

This epochal discovery indirectly led to the development of millions of acres of fertile bottom lands formerly considered unfit for healthful habitation. It then became a problem for the engineer to develop techniques of drainage and reclamation.

Removal of major breeding places for the mosquito, although important, is not the whole solution to the problem. Effective drugs are still needed. Research on new and more efficient antimalarial agents continues in the Lilly Research Laboratories.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIV Jacksonville, Florida, August, 1947 No. 2

MANIFESTATIONS OF SOME INTERNAL DISEASES IN THE FUNDUS OF THE EYE

W. J. KNAUER, M.D.
JACKSONVILLE

There is doubtless no structure in the body that reflects so frequently and so definitely such a great variety of diseases affecting the body generally as does the eye. It is only natural, therefore, that the great improvements of recent years in the ophthalmoscope have tended to unite general medicine and ophthalmology more and more closely. It has often been said that the ophthalmologist is merely a specialist, but he is, and of necessity must be if he really wishes to fill his place, a general physician just as much as is the general practitioner. Von Graefe, the father of ophthalmology, wisely magnified the value of a solid knowledge of general medicine. Today, ophthalmology along with other specialties follows the movement back toward general medicine and its fundamental problems. The study of the various manifestations within the eye which reflect faithfully internal disease is both timely and profitable.

ACUTE INFECTIOUS DISEASES

In acute infectious diseases and in such protracted infections as typhoid fever, optic neuritis with reddening of the disk, injection of the small vessels about the periphery and blurring of the margins of the disk may be present. Rarely, there is involvement of the choroid.

GENERAL BACTERIAL INFECTIONS

The changes in the retina occurring in general bacterial infections and as complications of septic processes may be illustrated by the small lenticular or round retinal hemorrhages, usually punctuated by a yellowish central clot, which are observed in subacute endocarditis. These are as significant as the petechiae which appear in the conjunctival mucosa or in the skin of the body. They are present in from 30 to 40 per cent of the cases. The rare complication of embolism of the central artery may account for the sudden blindness which sometimes occurs in these cases.

SYPHILIS

In syphilis, the eye is so frequently affected that its careful inspection is of equal importance with examination of the skin, the heart and the nervous system. Choroiditis or chorioretinitis occurs in from 10 to 15 per cent of all cases and in as many as 75 per cent of all cases of congenital syphilis. Optic neuritis and papilledema are usually conspicuous manifestations of acute meningitis and meningoencephalitis of neurosyphilis; they occur most frequently in the secondary stage. Gumma of the optic nerve is rare. The primary optic atrophy of tabes dorsalis is always to be looked for as a late manifestation. Gummatous lesions of the retina do occur, but very seldom. The characteristic changes in syphilis consist of multiform small and large areas in which the pigment epithelium of the retina is atrophied and there are accumulations of pigment in the various areas.

TUBERCULOSIS

Tuberculous manifestations in the fundus usually occur in the form of elevations upon the choroid, but may be present in the retina by extension from other parts of the eye. Miliary tubercules scattered through the retina and choroid have been reported by many authors. They are seen (1) as a part of an acute general miliary tuberculosis, an extremely rare occurrence; (2) by extension to the retina from other parts of the eye, especially from the ciliary body and from the optic nerve head; (3) as part of a choroidal tuberculosis; (4) as a purely retinal affection; and (5) as a tuberculous periphlebitis of the retina.[1]

The choroiditis caused by tuberculosis is somewhat similar to syphilitic choroiditis and, singularly

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

enough, often attacks persons apparently in perfect health. A small pale area, often adjacent to a blood vessel, may mark the beginning of the isolated lesion. Other tubercles may form, coalesce, heal and recur, or there may be present from the onset a large conglobate tubercle. The relatively slight pigmentation about the lesion and the faint phosphorescence from the thick vitreous opacities aid in the diagnosis.[2]

INTOXICATIONS

The peculiar significance of the optic neuritis resulting from intoxications of various kinds need not be stressed. Instances of blindness and impaired vision following the therapeutic use of arsenicals and quinine, and poisoning by methyl alcohol and tobacco have been made widely familiar.

HEMOPOIETIC DISEASES

Likewise, the varied changes that may appear in the retina in connection with diseases of the hemopoietic system need little emphasis. In erythremia, engorgement and tortuosity of the veins of the retina are typical, and chlorosis has been held responsible for papillitis. Retinal hemorrhages, sometimes accompanied by white spots of exudate, occur in the secondary anemias and are a prominent sign in pernicious anemia. Engorged, pallid veins, hemorrhages and edema of the disk characterize leukemia, and extensive hemorrhagic retinitis accompanies purpura hemorrhagica. Great loss of blood leads to amblyopia or amaurosis and may be followed by bilateral optic atrophy. Severe ocular symptoms rarely follow traumatic hemorrhage, as in war injuries, but most commonly result from intestinal or uterine hemorrhage. The disks are hazy at first, later becoming atrophic, with constricted vessels.

DISEASES OF THE HEART

The role of vascular changes in the retina in cardiac disease is well explained by Yater[3] and Yater and Wagner.[4] They studied a series of 137 cases during life and at necropsy, which included cases of chronic rheumatic endocarditis, and diseases of the heart due to hypertension, coronary arteriosclerosis with or without hypertension, syphilitic aortitis with aortic regurgitation and hyperthyroidism. When hypertension alone was the cause, in 96 per cent of the cases changes characteristic of the disease were noted in the retinal arterioles, indicating the importance of retinal examination especially in those cases in which the blood pressure has returned to normal. Here the retinal findings may constitute the final diagnostic criterion, they observed. In 92 per cent of the cases in which the cardiac disease was caused mainly by coronary arteriosclerosis, retinal vascular changes of the hypertensive type or of the senile fibrosis type were present. The significance of this high percentage of retinal diagnostic evidence is more fully appreciated when it is recalled that in approximately half of all cases of hypertensive disease of the heart coronary arteriosclerosis develops.

These authors found that, in their series, the fundal picture gave help in diagnosis only in cardiac disease due to hypertension and coronary arteriosclerosis, and in subacute bacterial endocarditis. They concluded that retinal arteriosclerosis in the presence of cardiac disease indicates that the disease is caused by hypertension or coronary arteriosclerosis, or both, in the absence of specific evidence of other causes; and that, if the retinal changes are of the type that is merely an accompaniment of old age and if clinical evidence of another cause is lacking, the cardiac involvement probably arises from coronary arteriosclerosis alone. If neither type of vascular retinal change is present, in their opinion the chances are against hypertension or coronary arteriosclerosis being the etiologic factor. They observed that the presence of retinitis or neuroretinitis in cases of cardiac disease adds gravity to the prognosis and indicates a shorter duration of life.

The only other form of cardiac disease in which these authors found retinal examination of diagnostic value is subacute bacterial endocarditis. The characteristic manifestations in this disease are described in a foregoing paragraph as illustrative of fundal involvement associated with general bacterial infections and as complications of septic processes.

ARTERIOSCLEROSIS

The ophthalmoscope offers a remarkable opportunity to study the detailed structure of blood vessels. In the eye more clearly than elsewhere in the human body, the small arteries and arterioles may be observed during life. At present it is generally accepted that reactions visible in the retinal vessels furnish a fair guide to the nature, if not to the degree, of the reactions taking place in the arterioles throughout the organs and tissues of the body, especially the kidney, the spleen, the

brain and the pancreas. Disease of the finer vessels is, however, apparently scattered through the body in somewhat irregular fashion.

Arteriosclerosis and retinal hypertension are so often combined that the association deserves the most careful consideration. Indeed, the early recognition of arteriosclerosis is extremely important for it is often associated with the most serious forms of hypertension. This aging process can usually be detected first in the central artery of the retina in persons past 45 years of age, and one must bear in mind that the process is the same in other vessels of similar size.

Bedell[2a] described the characteristics of hypertensive retinitis as edema, usually greatest where the retina is thickest, which is generally on the nasal side of the disk, and a few or many hemorrhages, combined with whitish, gray, soft masses as a rule near the major vessels. Ultimately, as the hemorrhages increase in number, there are more and larger snowbank masses, and there is greater swelling of the nerve head. If the patient survives, the edema, the hemorrhages and the exudates often subside almost completely. The dark chocolate brown spots which then appear near the posterior pole are of serious import, indicating impending dissolution.

It may take these fundal manifestations a decade or two, or even more, to pass through their cycle, but during this variable period the vessels have undergone the changes which make sharp distinction between the arteriosclerosis and the hypertension practically impossible. Displacement and indentation of veins and sometimes a dilatation of the vein between the arterial constrictions are early signs of both, as are also an increasing visibility of the wall of the artery and a coppery reflex, later becoming silvery gray and eventually a white streak. It may be that, the entire arterial tree will straighten and contract, or the reverse may occur with the arteries becoming more tortuous. In addition, exudates appear, further complicating the picture of arteriosclerosis and hypertension. Some are yellowish and irregularly placed; others form a circle.[2a]

It surely is of interest to the general practitioner that even in the early stages of essential hypertension it is possible to see the compression of the veins when they are crossed by the tense arteries, although there may be no visible evidence of disease of the wall of the artery. In arteriosclerosis, by ophthalmoscopic examination it may be possible to discover the first definite signs of the disease and to follow, step by step, the progressive alterations that involve the vessels of the fundus. As the disease advances, one may actually see the deviations that take place in the course of the vessels, the narrowing or actual occlusion of their lumina, the appearance of the small hemorrhages, some only pin point in size, along the veins and arteries, and the swelling of the margins of the disk as intracranial tension increases with the elevation of the blood pressure. Too, one may watch the development of the characteristic flat scintillating exudates that radiate about the macula, and be warned of the terminal stages of the disease by the appearance of white, fluffy exudates throughout the retina.

Infections of the nasal sinuses and teeth, and local inflammatory processes in other parts of the body may cause a toxic retinitis or choroiditis to become engrafted on the arteriolar process.

HYPERTENSION OF PREGNANCY

In the hypertension of pregnancy an important duty rests with the ophthalmologist, and his decision may mean the life of the mother or of both the mother and the child. Upon ophthalmoscopic examination of retinitis in pregnancy often rests the decision as to viability of the child, the organic integrity of the mother's vision and prognosis as to life. A timely therapeutic abortion may spare the mother irreparable damage to her eyes and also severe injury of the arteriolar system.[5, 6]

In a survey to determine the frequency and to learn the opinions concerning the relative value of fundal examination in the hypertension of pregnancy, Hallum[7] learned that 85 per cent of department chiefs of 69 medical schools of the United States and Canada believed this examination helpful in its management, that in 75 per cent of these institutions this study is performed routinely, that 50 per cent of the chiefs requiring this routine examination regard the information gained as important as, or second only in importance to, the value of blood pressure determinations, and that in 40 per cent of the departments study of the eyegrounds in patients with hypertension during pregnancy is required training for house officers. He was of the opinion that the fundus probably offers the best single indicator of the severity and the progress of the toxemia.

The retinopathy is caused by changes in the arterioles. Localized and generalized spastic constriction of the arterioles characterizes acute hypertensive true toxemia of pregnancy, it is now

agreed, and the degree of the constriction closely parallels the severity of the toxemia. The degree of spasm of the retinal arterioles may be regarded as indicative of the degree of angiospasm in other parts of the body. Routine examination of the fundus during the early months of pregnancy to determine the status of the arterioles aids in the prognosis of the present pregnancy and will be of value in interpreting changes associated with toxemia, if it occurs later. During late pregnancy, when hypertension and other symptoms indicate toxemia, fundal examination should be made every few days, and special attention should be given to the degree of angiospasm. When the angiospasm increases in degree despite conservative medical treatment, termination of the pregnancy prevents permanent damage to the mother's vascular system. In some instances the induction of labor is life-saving both for the mother and the child. Hallum[7] concluded that a study of the eyegrounds is probably the most consistently reliable single guide in determining when pregnancy should be terminated and also a great help, in the absence or scarcity of changes, in determining when pregnancy may safely be allowed to proceed.

NEPHRITIS

The present incomplete knowledge of nephritis or Bright's disease has hampered the extensive investigations made into its direct relation to changes in the fundus oculi and into the participation of arteriosclerosis in the production of some of the lesions observed during the course of certain forms of this disease.[8] In acute forms of hemorrhagic or diffuse glomerular nephritis, such as those which follow scarlatina or tonsillitis, only occasionally are hemorrhages and small exudates observed in the retina. The margins of the optic disks are sometimes blurred; the arteries and veins often appear tortuous, and edema of the retina occurs with remarkable regularity.

The origin of the acute retinitis in nephritis is not altogether clear. It is usually associated with infection due to hemolytic streptococci, sudden and pronounced rise in both systolic and diastolic blood pressure, and subcutaneous edema generally ascribed to the effect of a toxin upon the blood vessels; any of these factors, acting alone or in combination, might, therefore, be held responsible. In favorable cases, the retinitis disappears as the patient recovers.

The edema of the retina may be interpreted as a part of the generalized edema so characteristic of this disease. Receding more slowly, however, or detected more readily, it continues to be observed long after all signs of edema of the subcutaneous tissues have vanished. This retarded retrogression, therefore, forms a delicate index of complete recovery from this symptom in this form of nephritis.

If acute glomerulonephritis progresses to the active or nephrotic stage, the edema of the retina may increase. Uncomplicated, nephritis of this type may even reach the terminal stage without producing further damage to the retina or choroid, other than an occasional small exudate or hemorrhage. Frequently, however, particularly in association with persistent hypertension of high degree, varying grades of choked disk are noted, and extensive hemorrhages and exudates are observed in the retina. When arteriosclerosis complicates glomerulonephritis, the most pronounced forms of hemorrhagic and exudative lesions occur in the retina with extreme grades of choked disk.[2b]

In the nephrotic forms or nephrotic syndrome, the blood vessels are spared injury, and the blood pressure is not elevated. In uncomplicated instances there are no hemorrhages, exudates, or vascular changes in the retina. Edema sometimes involving the margins of the disks may be the only alteration in the fundus.

Nephrosclerosis, the arteriosclerotic form of nephritis, is often accompanied, early in its course, by the most astonishing changes in the fundus. Here one may observe all phases of arteriolar disease, from the early narrowing of the vessel with compression at the arteriovenous crossing to complete occlusion of branches of retinal and choroidal vessels. Hemorrhages and exudates of all types are common, and the most extreme grades of edema of the nerve head occur.

Unraveling the entangled causes that operate to produce these complicated pictures in the fundus in the various forms of nephritis is especially difficult. Undoubtedly, arteriosclerosis plays a predominant part.

DIABETES MELLITUS

In diabetes mellitus, it is often difficult to determine to what extent the extensive changes in the fundus oculi are due to the disease itself or to complications or concomitants. The pathologic changes, which are usually bilateral, occur in the area between the upper and lower temporal vessels of the retina and in the region surrounding the optic nerve head. Early, numerous small round deeply situated hemorrhages present themselves,

and in addition, there are usually small exudates. This is accepted by most ophthalmologists as the characteristic lesion of the retina in diabetes and constitutes diabetic retinopathy.[1b]

This form of retinopathy is usually chronic and progressive. It may start insidiously as simple small deep round hemorrhages with small groups of chronic small exudates forming later in the macula and foveal region. The latter, as time goes on, may become larger and more massed, seriously interfering with central vision. In many instances sclerosis of the larger veins occurs, with extravasation into the retina of large hemorrhages. As these hemorrhages recur, they may at times break through into the vitreous body, with organization taking place and formation of gross scar tissue, the so-called retinitis proliferans.

It is important for all physicans to remember, however, that diabetes may be severe, continue for years and eventually cause the death of the patient without producing retinitis. On the other hand, the hard yellow deposits near the disk or macula combined with small striate or globular hemorrhages present a fundal picture that may be the first visible evidence of abnormality and may lead to investigations that disclose the correct diagnosis.[2a]

INTRACRANIAL LESIONS

In the presence of intracranial lesions, ophthalmoscopic examination commonly reveals pathologic changes. These manifestations, while suggestive, cannot, however, in any individual condition be considered pathognomonic. For example, a more or less constant ophthalmoscopic picture is that of papilledema or optic neuritis; yet it is never possible to make a diagnosis from this manifestation alone. The ocular symptoms are of diagnostic value only when the optic neuritis or choked disk is considered in conjunction with the general physical manifestations in the case.

If a careful history is taken, it is usually possible to distinguish choked disk from optic neuritis. In neuritis, the first complaint is loss of vision, then field restriction and finally changes observed ophthalmoscopically. In contrast, choked disk is frequently discovered in the course of routine search for the cause of general symptoms such as headache; the changes in the fields and the visual loss are then revealed.[2a]

The importance of the identity between the retinal arteries and the cerebral arteries may well be stressed. The vascular plexus of the retina visible by means of the ophthalmoscope is in reality a cerebral plexus. Like the cerebral arteries, the central artery of the retina is a terminal artery without anastomoses. In the eye as in the brain, arterial obstruction, either by thrombus or by embolus, causes extremely serious functional disturbances. Ophthalmoscopic examination of the trunk and branches of the central artery of the retina, taking into account their caliber and the condition of their walls, may be considered equivalent to an examination of the cerebral arteries and indicates the importance of this examination in vascular pathology.[9, 10]

SUMMARY

The fundus oculi furnishes evidence of internal disease in numerous instances. Ophthalmoscopic examination should be carried out routinely in acute infectious diseases, general bacterial infections, syphilis, tuberculosis, intoxications of various kinds, hemopoietic diseases, diseases of the heart, hypertension of pregnancy, arteriosclerosis, various forms of nephritis, diabetes mellitus and diseases producing increased intracranial tension.

The ophthalmologist gains accurate information concerning the manifestations of internal disease in the fundus only through many years of study and experience. The clinician and the surgeon qualified through training and experience to interpret and evaluate these changes are at a great advantage. In so far as the special field of ophthalmology is related to general clinical medicine, every general practitioner should be alert to the value of ophthalmoscopic examination. On the other hand, the ophthalmologist should acquaint himself with all of the clinical facts in a case before he undertakes to make a diagnosis based largely upon examination of the fundus oculi.

REFERENCES

1. Elwyn H.: (a) Diseases of the Retina, Philadelphia, The Blakiston Company, 1946, p. 361; (b) Diabetic Retinitis, Arch. Ophth. 34:187-190 (Sept.) 1945.
2. Bedell, A. J.: (a) The Ophthalmoscopic Signs of Constitutional Disease: A Summary of the Salient Points Made in a Lantern Slide Demonstration of Color Photographs of Living Human Eyes, J. A. M. A. 112:1052-1057 (March 18) 1939; (b) Ophthalmoscopy and the Diagnosis of Human Illness, Am. J. Ophth. 28:139-147 (Feb.) 1945.
3. Yater, W. M.: The Value of Ophthalmoscopic Examination in the Diagnosis of Systemic Diseases, Am. J. Ophth. 19:302-306 (April) 1936.
4. Yater, W. M., and Wagener, H. P.: Ophthalmoscopic Signs in Disease of the Heart; Study of One Hundred and Thirty-Seven Cases Verified by Necropsy, Am. J. M. Sc. 178:105-115 (July) 1929.
5. Alperin, D.: Ophthalmology in Medical Diagnosis, Eye, Ear, Nose & Throat Monthly 22:15-19 (Jan.) 1943.
6. Tassman, I. S.: The Eye Manifestation of Internal Diseases, ed. 2, St. Louis, The C. V. Mosby Company, 1946, p. 487.

7. Hallum, A. V.: Retinal Arterioles in the Hypertensions of Pregnancy, Tr. Am. Ophth. Soc., 1945, pp. 585-607.
8. Wilmer, W. H.: Atlas Fundus Oculi, New York, The Macmillan Company, 1934, in introduction by Warfield T. Longcope, p. 19.
9. Tomassene, R. A.: What May Be Seen in the Eyes, West Virginia, M. J. 36:202-205 (May) 1940.
10. Richardson, Shaler: Some Phases of Ophthalmology That Concern the General Practitioner, J. Florida M. A. 15:388-392 (Feb.) 1929.

206 West Forsyth Street.

DISCUSSION

DR. WILLIAM C. BLAKE, Tampa: I am sure all have enjoyed Dr. Knauer's paper and his beautiful slides. It might appear unusual for an internist to discuss a paper on ophthalmoscopy, and yet the specialist in every field of medicine must of necessity be interested in the ocular manifestations of systemic disease. The more the oculist knows about the diseases of the human body which are capable of producing change in the retina, the more skillful he becomes in his work, and the sounder is his counsel and guidance to the patient. It is a necessary corollary that the more skillful the internist is in recognizing changes in the retina the better able he is to evaluate the scope and severity of the disease producing these changes.

I do not propose to discuss Dr. Knauer's paper as a whole because the list of diseases capable of producing retinal manifestation is myriad but I will comment briefly on a few of the commoner conditions encountered and the value of retinoscopy in general medicine.

The eye forms a window through which one can study minutely under high magnification the vascular tree down to its finest ramifications. The state of these arteries, with some reservations, forms an index to the state of the arteries of the body as a whole. Particularly is this observation true of cerebral arteries. Vascular disease, with its various complications, has become of increasing importance during recent decades due to the increased longevity of the human race and the tempo of life under the present civilization. A visual knowledge of the state of the arteries of the eye becomes therefore of increasing importance. No case of cardiovascular disease has been properly studied and evaluated without an ophthalmoscopic examination and an estimate of the degree of arteriosclerotic changes which have taken place. Dr. Knauer described in minute detail the visual evidence of these changes. I shall not, therefore, attempt to comment on them, but merely wish to stress their importance.

Who has not tried earnestly to determine the prognosis in a case of hypertension? It is freely admitted that many factors enter into the etiology of this condition, but if the retinal arteries are normal in appearance, other factors being equal, the prognosis is good. On the other hand, given a patient with hypertensive disease who otherwise appears healthy, but in whom these arteries are found tortuous or elongated, show the broadened light reflex, compression of arteriovenous crossings, or the silver wire appearance of extreme arteriosclerotic change, this patient has a very poor prognosis regardless of his age and regardless of the degree of hypertension.

Many conditions of the eye have their etiologic factor in diseases having their origin in parts of the body far removed from the eye. Notably is this true in diseases of the kidney, the brain and certain metabolic diseases. This is exemplified by the degenerative changes such as patchy exudate and edema or hemorrhage characteristically seen in certain stages of nephritis and diabetes mellitus. There is little wonder that the patient who consults an oculist leaves his office astounded when he is told that he has either diabetes or Bright's disease. I have had patients come into my office in a state of complete awe, inquiring on what grounds such a diagnosis could have been made. On the other hand, the internist who has made such a diagnosis has not properly evaluated the severity of the disease unless a retinal examination has been made. The presence or absence of these changes furnishes important prognostic implications, and their progression or recession is an important guide as to the course of the disease and the efficacy of treatment.

Headache, while a common symptom and one resting on many etiologic factors, occasionally denotes some serious lesion of the brain such as tumor. The symptomatology may be bizarre or indefinite, but if the optic disk is swollen and its margin indefinite and blurred, an immediate key to the diagnosis is furnished. If ophthalmoscopic examination is routinely made in such cases, fewer cases of tumor of the brain will be missed and more will be brought to operation during an operable stage.

I should like to emphasize the need for a closer relationship between the ophthalmologist and the internist or the general practitioner of medicine and to stress the fact that the retina furnishes a mirror through which the physician can see evidence of disease in the human body. A closer working relationship between the two would be mutually helpful and allow both to render better service to their patients.

DR. CARL E. DUNAWAY, Miami: Dr. Knauer's paper brings out graphically the necessity of being thoroughly familiar with the use of the ophthalmoscope in examination of the fundus of the eye. Many competent internists have already familiarized themselves with this instrument.

I should like to mention the case of a pilot who flies for one of the national air lines. This patient came to me complaining of soreness in the right eye. There was nothing externally to indicate why the eye was painful. The vision was 20/20 in both eyes. Tension was normal, and the ophthalmoscopic examination revealed blurring of the disk margins. A diagnosis of neuroretinitis with papillary edema was therefore made. This man was flying to New York and back twice a week, but was advised not to fly after this examination. He may expect to live longer because that ophthalmoscopic examination was made.

Life expectancy frequently may be determined by the condition of the blood vessels in the eye. Too, examination of the eyegrounds often indicates whether or not to terminate a pregnancy.

I believe that Dr. Knauer has presented an especially timely paper and one which interests all physicians as well as oculists. He should be congratulated on the masterful way in which he has handled the subject.

DR. F. K. HERPEL, West Palm Beach: It seems to me that Dr. Knauer has chosen an especially important subject. The value of this type of examination as an assistance in arriving at an accurate diagnosis and prognosis cannot be stressed too much.

I had the privilege of serving as medical director of an induction station for a year or so during the recent war, and in my experience no consultant was of as much importance day by day as the trained, untiring ophthalmologist. More than anyone else he furnished what I needed to know. It was a daily occurrence that the final opinion as to acceptance or rejection of an inductee depended upon the ophthalmologic examination of the patient. This settled the problem in the cases which were considered borderline so far as hypertension was concerned. The arterial examination and determination of blood pressure left the examiners considerably in doubt as to whether the candidates for induction actually had hypertension or one of those borderline emotional elevations in blood pressure. It was surprising to note the accuracy with which the ophthalmologic report fitted in with later studies of these patients. I was severely criticized many times for rejecting patients who had been accepted otherwise for military service. I kept my eye on the ophthalmologist's report and took every possible

opportunity to go back and see these patients as they were checked and rechecked.

I think the number of retinoscopic examinations ranged between 75 and 125 per day at my station. It was possible for the examiner to do that amount of retinoscopy in conjunction with other work only because I had an untiring worker with me. The public has been greatly benefited through the services of such men scattered throughout the examining stations. These ophthalmologists serving both on a full time and part time basis performed what I consider an outstanding service.

I certainly enjoyed Dr. Knauer's paper and I hope at some future time he may present additional findings on this subject.

Dr. Knauer, concluding: I desire to thank the doctors for their discussions and Dr. Blake for bringing out the relationship between the ophthalmologist and the internist. By working together they can do a great deal for each other.

I also am obliged to Dr. Dunaway for bringing out the point of toxemia in pregnancy. I did not have time this morning to present that phase of the subject in the fifteen minutes allowed, but in the published paper appropriate mention of it will be made. I have some excellent slides on the toxemias of pregnancy.

I appreciate the remarks of Dr. Herpel and wish to thank him for emphasizing the value of retinoscopy in hypertension. A paper on this subject would be of particular interest.

OSTEITIS CONDENSANS ILII

Report of Three Cases Associated with Urinary Infection

MARTIN C. SZABADOS, M. D.
TALLAHASSEE

A sclerosing lesion of the innominate bone in the region of the posterior inferior spine, just laterally from the lower end of the sacroiliac joint, is designated in the literature as osteitis condensans ilii. It is often bilateral and occurs almost exclusively in women. The consistent peculiar localization of this affection was noted by Yeoman[1] in 1928. Yet today, neither the enigmatic localization nor the pathogenesis of the affection is understood.

Five cases of osteitis condensans ilii have come under my observation. In 3 cases an associated chronic or recurrent infection of the urinary system was well observed. In 2 cases the patient gave a history of pyelitis and submitted to intravenous pyelography, but evidence of urinary infection was not found. These cases are not strictly included in this series. The remaining 3 cases seem to have bearing upon the infectious theory of this affection of the bone.

One case is particularly interesting from the viewpoint of the infectious theory because in this case a second focus, namely, condensing osteomyelitis (Garre) of the right femur, was also present together with condensing osteitis of the right innominate bone. This is the first such case reported in the literature. In the second case, which was severe, nephrectomy for pyonephrosis had been performed. In the third case, the patient had had an operation for nephrolithiasis and suffered with purulent pyelitis.

Hare and Haggart[2] of the Lahey Clinic made a comprehensive review of osteitis condensans ilii. They did not note the association of any significant infection in a series of 24 cases. These outstanding authors concluded that interference with the blood supply of the bone due to trauma, usually at childbirth, is the most likely cause of the disease.

The great chronicity in these cases is most surprising. The duration of the affection, as judged by the history, may be from three to twelve years.[2] If condensing osteitis of the ilium is not a traumatic affection but represents a secondary infectious focus, the primary infectious focus long may have healed without trace, unless it became chronic. From the viewpoint of an infectious theory to explain the etiology of condensing osteitis of the iliac bones, which theory gained support by the work of Rendich and Shapiro,[3] the finding of 3 cases of proved association of urinary infection with the bony lesion is important.

The association of chronic urinary infection and condensing osteitis of the ilium is not a coincidence. The ureters are related posteriorly to the sacroiliac joints and to the region of the bony lesions. A nutrient foramen in the vicinity of the bony affection was pointed out by Rendich and Shapiro.[3] Although these authors were alert for an associated infection, they reported none in their series. It is suggested that due to the anatomic relationship of the ureters to the bony lesions, a descending urinary infection may have entered the bone through the nutrient foramen nearby. The often bilateral pyelitis would explain the often bilateral occurrence of the bony lesion, and the mentioned anatomic relationship of the ureters would account for the peculiar localization bilaterally. The prevalence of the lesion in women is accounted for by pyelitis.

Acute infectious diseases accompanied by bacteremia and bacteruria often result in transitory acute infections of the urinary system. Such acute pyelonephritis can be at the root of some bone infections. The bone infection becomes

From the Department of Roentgenology, Baptist Memorial Hospital, Tallahassee.

chronic while the acute urinary infection becomes chronic only in a minority of cases. This train of thought would account for the fact that an infectious focus was not found in the series of cases of osteitis condensans ilii which were reported previously by others.

At autopsy in cases of chronic pyelonephritis the ureters show catarrhal, purulent, hemorrhagic or gangrenous changes paralleling the changes observed in the pelvis of the kidney. The wall of the ureter can be thickened, the lumen narrowed or dilated. Finally, periureteral changes can be present. The thought of infection descending to the ilium is a pathologic possibility.

While this concept is based upon the anatomic relationship of the ureters and the affected bone, a somewhat similar anatomic relationship was adduced by Graff[1] to explain the frequent occurrence of acute left-sided sacroiliac arthritis following resection of rectal carcinoma. This author succeeded in proving by autopsy the ascent to the joint of a perisigmoid lymphangitis. It is to be recalled that the sigmoid is related posteriorly to the left sacroiliac joint.

There follows a description of 3 cases of osteitis condensans ilii associated with chronic or recurrent urinary infection. This association in these cases is proved by contemporary observations. Two additional cases of osteitis condensans ilii in which there was a history of pyelitis, but in which intravenous pyelography gave no evidence of actual urinary infection, are not described.



Fig. 1A.—*Osteitis condensans of the right innominate bone. There was also sclerosing osteomyelitis (Garre) of the right femur* (fig. 1B). *The chronic pyelitis in this case had an insidious onset. The time relationship between the urinary infection and bony lesions is not known.*

REPORT OF CASES

Case 1.—The following data were obtained through the courtesy and from the records of Dr. G. H. Garmany, and also from Dr. F. T. Holland, both of Tallahassee. The patient was also interviewed.

A 27 year old white housewife had had two normal deliveries and one forceps delivery with uneventful postpartum periods. Besides some acute exanthems, she had had colitis in childhood and also pneumonia. When she was 14 years of age a bone disease of the right thigh had set in with sudden onset, and she had been severely sick for two or three weeks with slow convalescence. She had experienced great pain in the right thigh during this early period and since then she had suffered chronically although acute exacerbations had not been experienced. The course of the fever is not known. In 1942, the disease of the bone had been diagnosed as sclerosing osteomyelitis (Garre) by Dr. O. W. Britt, radiologist of Tallahassee.

In 1939 she had noticed that she tired easily and that she lost energy for work, experiencing drowsiness and headache for some weeks. Finally she had required treatment, and the disease had been diagnosed as purulent pyelitis by Dr. L. W. Blake of Bradenton. She had been treated in bed for two weeks at that time.

She had been treated for urinary infection again in October 1946 by Dr. Holland, upon referral by Dr. Garmany, her complaints then being frequency of urination and hematuria. According to the patient, treatment with sulfa drugs had greatly ameliorated the condition, and she had declined cystoscopic examination. This course of events was confirmed by the urologist. The exact onset of the original urinary infection cannot be determined, but it was insidious, and the pyelitis in 1939 was probably chronic.

In November 1946, the right thigh and lumbosacral region were studied roentgenologically. At that time the patient complained of pain in the right thigh on weight bearing and great tenderness of the skin on touch. Also, she reported attacks of low back pain related to stooping and work. This pain was relieved by rest and was not aggravated by coughing or sneezing. The pain did not extend over the back of the thigh.



Fig. 1B.—*Chronic osteomyelitis of the right femur associated with osteitis condensans ilii* (fig. 1A). *This association tends to indicate the identical nature of the two lesions.*

The patient's weight was 130 pounds, and the height was 61 inches. The physical examination gave negative results with the following exceptions: The uterus was retroverted and impacted, firm and somewhat enlarged. There was a swelling over the medial aspect of the right thigh, over which the skin was not discolored. This swelling was painful on palpation. Motion was limited in the knee joint, straight leg raising was not painful, and the glutei were tender.

The Kahn precipitation test gave negative results. Routine blood counts and urinalysis also gave negative results. The blood pressure was 120 systolic and 72 diastolic.

Roentgenologic examination showed a sclerosed area about 1 inch in diameter in the region of the posterior inferior spine of the right innominate bone (figs. 1A and 1B). The eburnated area did not extend to the sacrum, and the sacroiliac joint was not narrowed.

The lower half of the right femur showed thick sclerotic new bone. The apposition was on the periosteal surface of the cortex; there was no encroachment upon the medullary canal. The lesion had the appearance and history consistent with sclerosing osteomyelitis (Garre). Comparison of the roentgen studies of this lesion with those made four years previously indicated that the affection was stationary.

Case 2.—A white woman aged 45 was referred to me at St. Francis Hospital, Kewanee, Ill., by Dr. N. J. Bell for roentgen examination. She complained of incapacitating low back pain of four weeks' duration and stated that she had had similar bouts of low back pain previously, for several years. She was the mother of two children.

Her right kidney had been removed twelve years prior to this examination. She was chronically ill and under almost constant treatment for infection of the remaining left kidney. She was also debilitated because of Trichomonas infection. She was pale with wasted adipose tissue.

On physical examination, the organs of the chest were normal. The blood pressure was 100 systolic and 70 diastolic. Abdominal palpation of the left kidney elicited pain. Internal examination was not possible because of painful mucosa. Deep palpation of the pelvis gave negative results.

Laboratory examination revealed secondary anemia with a hemoglobin estimation of 60 per cent and a red blood cell count of 3,200,000. The white blood cell count and the differential count were normal. The sedimentation rate was 30 mm. per hour. Catheterized urine showed pyknotic red blood cells with a relatively smaller number of shrunken white blood cells, oval-shaped epithelial cells and traces of albumin.

Later, on account of certain roentgen findings, an orthopedic examination was made by Dr. Bell. The sacroiliac notches were tender on both sides, and the straight leg raising test showed restriction bilaterally. The remaining orthopedic data were irrelevant.

Roentgenograms showed large sclerotic areas of the innominate bone bilaterally, adjoining the lower portion of the sacroiliac joint (fig. 2). The osteitis did not extend to the sacrum. The joint space could not be made out because of overlapping dense shadows. It is impossible to state that the cartilage was not affected by the eburnation of the underlying bone.

Case 3.—A 66 year old white woman was admitted to St. Francis Hospital, Kewanee, Ill., with severe chills and fever, under the care of Dr. J. T. Boswell. In 1933, this patient had been examined in this hospital, and kidney stones were found bilaterally. She gave a history of an operation for kidney stones one year previous to the mentioned study. She was the mother of five children.



Fig. 2.—*Osteitis condensans ilii, bilateral, an extensive process. The patient had bilateral pyelonephritis. The right kidney was removed twelve years prior to this examination.*

Physical examination gave negative results with the exception of pain on deep percussion of the left renal area. The blood pressure was 150 systolic and 100 diastolic.

Several examinations of the urine gave negative results. The fifth specimen contained 200 white blood cells per microscopic field, and subsequent urinalyses indicated gradual decrease of the pus cells in the urine. Other laboratory data, serologic tests and smears gave no evidence of bacterial or malarial infection.

Roentgenologically, a large pea-sized stone shadow was seen in the region of the left kidney (fig. 3). In the pole of the right kidney a smaller stone shadow was evident. Condensing osteitis of the left iliac bone was present. The ilium showed the greatest density at the lower end of the sacroiliac joint. The joint space was visible. The condensing process did not extend over the joint cartilage to the sacral bone. The contralateral sacroiliac region showed indistinct joint space and some loss of bony detail. The lumbar spine showed mild hypertrophic changes of the vertebral edges.



Fig. 3.—*Osteitis condensans ilii of the right innominate bone in a woman who had attacks of nephrolithiasis and purulent pyelitis, with a surgical operation for stone colic. Kidney stones are evident bilaterally.*

SUMMARY

Three cases of osteitis condensans ilii are presented. In these cases there was an associated urinary infection. In 2 cases the urinary infection required surgical operation. Similar case reports have not been published. It is suggested that the infection of the renal pelves may descend and may cause ureteritis of the same severity as that of the pelvis of the kidney. The periureteral lymphangitis may reach the ilium through a nutrient foramen, which is observed in the vicinity of this bone lesion with great frequency.

The often bilateral and symmetric occurrence of the condensing osteitis of the ilium and, further, the persistent localization of this bone affection in the two areas over which the ureters descend can be understood by the aid of this concept of infection.

The majority of cases of osteitis condensans ilii are unassociated with manifest urinary infection at the time of the roentgenologic examination. Acute urinary infections, which are often observed during acute infectious diseases, can be at the source of this type of case. Acute urinary infections may pass unnoticed; chronic infections may be latent.

The infectious theory of osteitis condensans ilii gained momentum by the observation of a possible port of entry, namely the nutrient foramens near the sclerotic foci of the innominate bone. The evidence on the side of the infectious theory is now possibly augmented by the anatomic relationship of the ureters to the region of the affected bone. In connection with the infectious theory, the occurrence of a case of osteitis condensans ilii showing an additional chronic osteomyelitic focus in the right femur seems to be of particular interest.

In the illustrative cases reported the great chronicity of the urinary infection is noted. When chronic pyelitis and pyelonephritis occur, the time of onset seldom can be established because of the insidious course with apparently latent periods. The time relationship between the urinary infection and the chronic osteitis of the innominate bone could not be determined in the cases described.

References

1. Yeoman, W.: Relation of Arthritis of the Sacro-Iliac Joint to Sciatica, with Analysis of One Hundred Cases, Lancet 2:1119-1122 (Dec. 1) 1928.

2. Hare, H. F., and Haggart, G. E.: Osteitis Condensans Ilii, J. A. M. A. 128: 723-727 (July 7) 1945.

3. Rendich, R. A., and Shapiro, A. V.: Osteitis Condensans Ilii, J. Bone & Joint Surg. 18:899-908 (Oct.) 1936.

4. Graff, U.: Erkrankungen der Ileosakralgelenke, mit besonderer Berucksich tigung der entzundlichen Erkrankungen und ihre Entstehung, Beitr. z. klin. Chir. 171:226-260, 1940.

P. O. Box 328.

CHRONIC URETHRITIS IN WOMEN

AN IMPORTANT CLINICAL ENTITY

ARTHUR J. BUTT, M.D.
PENSACOLA

Chronic nonspecific urethritis is a condition frequently observed in women. Although causing much and prolonged annoyance, and even disability, it apparently has not received the attention that it deserves. Patients may suffer for as long as twenty-five to fifty years from unduly frequent, urgent and painful urination. In addition, there are many other symptoms, the cause of which is often misleading; among them are dyspareunia, pruritis vulvae, incontinence of urine, backache, vague pains in the lower part of the abdomen and nervousness. There is no question as to the reality of the suffering among patients afflicted with this condition. The lack of recognition of this important entity arises from its failure to present, in all cases, pronounced local evidence; the urine is usually sterile and the general health may be excellent, except for symptoms due to the urethra. In most cases physical examination fails to reveal any gross pathologic process, so that there is a natural tendency to ascribe the symptoms to "gravel," "acid urine," "cystitis," or merely nervousness. Too often one prescribes a urinary antiseptic, a sedative, or merely a placebo. A better understanding and appreciation of this common malady, and institution of proper therapy often result in relief of this condition, and the patients are justly grateful.

Read before the Escambia County Medical Society, Pensacola, March 11, 1947.

Etiology

Chronic nonspecific urethritis is much more common in women than in men. The exact cause is not completely understood, but several factors undoubtedly play a role in its development. The intimate relationship of the urethra and trigone to the vagina and rectum facilitates transmission of organisms from these constantly contaminated passages to the urethra. The urethra is a short, membranous channel, about 3.5 cm. in length, which opens in the roof of the vestibule. The anterior two thirds is lined with squamous epithelium and the posterior one third, which is continuous with the trigone, is lined with transitional epithelium. In addition to the larger paraurethral glands of Skene, there are many small glands and lacunae which open into the lumen of the canal. Any condition which reduces the resistance of the urethral mucosa to disease often initiates the pathologic changes which result in chronic urethritis. Catheterization, coitus, masturbation, parturition, puerperal sepsis, infestation with Trichomonas, [1, 2] abdominal or pelvic survery, radiant energy (radium, roentgen ray), cystitis, pyelonephritis, carelessness in vulvar hygiene, and possibly allergy may be predisposing factors.

Over 95 per cent of the patients have enjoyed coital habitation, which indicates that trauma during intercourse is an etiologic factor. Lower and Roen[3] suggested that contamination other than gonorrhea may be an important source of infection. Burns and I[4] noted that in 86 per cent of our cases the patients had borne children. Ormond[5] and Spence[6] observed that the condition was more common during middle age and in married women. Hunner[7a, b] emphasized the role of distant foci of infection in the etiology of urethral pathologic conditions. He believed that infected teeth, tonsils, paranasal sinuses and possibly lesions in the gastrointestinal tract may produce nonspecific urethritis. Winsbury-White[8] reported results of animal experiments which appeared to show direct lymphatic communication between the cervix uteri and the posterior portion of the urethra and trigone, as well as the upper part of the urinary tract. Folsom[9a] and Walker[10] also demonstrated this possible route of ascending infection and believed that urethritis, trigonitis and possibly pyelonephritis could, by direct lymphatic extension, come from an infected cervix.

PATHOLOGY

Chronic urethritis is generally an end result of acute urethritis. It implies a low grade, long-standing inflammation of the urethral surface. There are round cell infiltration in the submucosa, granulation tissue and periurethral deposition of fibrous tissue, with a more or less edematous, contracted, irregular channel of diminished caliber.

Anatomically, the urethra is located in the erotic zone where sensory nerve endings are numerous and hypersensitive to stimuli. The inflammatory changes in chronic urethritis are limited, as a rule, to the deeper portion of the urethra, the neck of the bladder and the trigone. The changes in the urethral mucosa have much the same appearance as the granulation tissue of chronic posterior urethritis in men. Chronic non-specific urethritis is often termed granular urethritis. The neck of the bladder is irregular and injected, and, as time elapses, inflammatory cystic changes may occur. Surrounding it, villous formation is frequently observed. These polyps, with tenuous, flowing fronds, resemble the fronds of papillomas of the bladder. The polypoid masses are often just within the grasp of the vesical sphincter, which may explain many of the troublesome urinary symptoms. This may be one of the causes of urinary incontinence which is not otherwise explainable. An associate trigonitis is often present, which is thought to be due to subtrigonal lymphangitis. The trigone may also be covered with small, clear cysts. In most cases, contracture of the urethra is a result of infection rather than the cause of it.[11]

In 1853, Virchow[12] described concretions in urethral glands of elderly women and postulated that these may be homologous to the male prostate. Since that time this problem has been a controversial subject.[9,13,14,15,16,17,18,19,20] Recently, Folsom,[9] Caldwell,[13] and others[14,15,16,17] presented convincing evidence concerning the clinical importance of these glands. Burns and I[4] demonstrated definite glandular structures in tissue resected from the neck of the female bladder.

SYMPTOMS

The two outstanding types of symptoms produced by chronic urethritis are irritation of the bladder and pain, which is either local or referred. Diurnal and nocturnal frequency, burning, urgency of urination and a sensation of pressure in or incomplete emptying of the bladder are the chief symptoms referable to micturition. There may be an acute onset of symptoms. Again, there may be a train of symptoms followed by a period of quiescence, only to have the symptoms recur; or the nagging sensation of irritation of the bladder may be constantly present for years. Many of the patients notice that the symptoms either begin, or are aggravated, just before a menstrual period. This onset or exacerbation is probably due to increased congestion of the urethra and trigone at this time.[21] Pain may be manifested by dyspareunia, low backache, pains in the legs, and vague discomfort of the lower part of the abdomen. In several of my cases pruritis vulvae, which had been resistant to all previous therapy, was completely relieved by treatment of the urethra. Ormond,[5b] Van Duzen,[22] Kittredge and I[23] recently showed that incontinence is frequently caused by urologic diseases of the urethra. Patients with true urgency incontinence may be completely relieved by treatment of the urethra. Sacral or lumbosacral backache is a rather frequent symptom among these patients. It is often similar to that due to prostatitis in men; namely, the pain is worse in the morning and is relieved by exertion. Proper treatment of the urethra will relieve the backache in many of these cases.

Chronic urethritis is a relatively common cause of hematuria. The neck of the bladder and the urethra should be investigated in all cases in which other possible sources of bleeding have been eliminated by thorough investigation of the bladder and upper part of the urinary tract. In one series of cases, Burns and I[4] noted that 68 per cent of the patients had been subjected to some form of surgery in the lower part of the abdominal tract. Findings at operation substantiated the fact that in the majority of cases surgical treatment was indicated. In others, however, the patients were apparently operated upon for the referred pain, which originated from the inflamed urethra. These patients' symptoms were not relieved by operation, but were promptly alleviated by treatment of the urethra. Civiale,[24] in 1856, first stated that the urethra could act as a focus for pain referred to closely related or relatively distant parts of the body. Since that time Folsom and O'Brien[9c] and others have demonstrated this conclusion to be true.

There is an old axiom, too seldom followed, that diseases of the urethra must be considered in women, as well as in men, in any obscure complaint located below the umbilicus. It is interesting to note in these cases that nervousness is an

outstanding symptom and one of the chief complaints of many of the patients. Some of these women had been referred for psychiatric treatment and some had even had shock therapy. Nervousness is due, in large part, to the constant, urgent desire to urinate both day and night and to the ever present apprehension that a lavatory will not be available.

DIAGNOSIS

Twinam[11] aptly stated that the female urethra has become only the resting place for the cystoscope in investigating the bladder. Diagnosis of chronic urethritis is first suggested by tenderness of the urethra when the catheter is passed to obtain a specimen of urine. Burns and I[4] have found the urine negative in 95 per cent of cases. The actual diagnosis of urethritis is, however, made by cystourethroscopic examination. The general vesical mucosa presents a normal, healthy, pinkish, salmon color; but, when the instrument brings the trigone into view, a velvety, reddish, congested area is seen. The injection is continuous with the neck of the bladder and the urethra, which usually present an irregular, inflamed, granular appearance. At times the urethral mucosa is velvety in appearance with interspersed longitudinal, whitish bands. In some cases the trigone is covered with a thin membrane, the so-called membranous trigonitis. The neck of the bladder and the trigone are often covered with clear cysts or inflammatory villous polyps. Instead of being a cystitis, as it is usually termed, the condition is, in reality, a urethrotrigonitis, rather a urethral than a vesical affection. The abnormal tightness, either due to spasticity or actual fibrotic contraction, may result in definite obstruction. This may be demonstrated by the presence of residual urine and trabeculation of the musculature of the bladder. In addition to the study of the bladder and urethra in these cases, there should always be a complete urologic evaluation, and pathologic changes in the upper part of the urinary tract should be ruled out by excretory or retrograde urography.

TREATMENT

Paradoxically, the mere diagnosis of chronic urethritis sometimes dramatically relieves the patient of symptoms within a few hours by dilatation of the urethra, incident to catheterization and cystoscopic examination. Distension of the bladder to full capacity also relieves the bladder, which has become accustomed to frequent, urgent urination over a long period of time. When the diagnosis has been established, therapy involves, chiefly, three procedures: (1) irrigation and distension of the bladder; (2) dilatation of the urethra with sounds; and (3) instillation of silver nitrate solution in the posterior urethra. Also, irrigation of the bladder with a bland, mildly bacteriostatic solution, such as 1:8000 potassium permanganate solution, is a safeguard against introduction of infection. Because of cicatricial tissue, resulting from chronic infection, it is essential that the urethra be dilated by passage of sounds up to 28 to 30 F in size. One should begin dilatation with whatever size sound the urethra will comfortably accommodate. If there is congenital stenosis of the external urethral meatus, meatotomy should be performed.

Silver nitrate solution is instilled into the posterior urethra by means of a Keyes instillator. Two cubic centimeters of 0.5 per cent solution is used as an initial instillation, and gradually the percentage of the solution is increased with each treatment to a maximum of 2 per cent in cases in which it is tolerated. Treatment given once or twice a week for a period of four to six weeks affords complete relief of symptoms in about 90 per cent of cases. The remaining 10 per cent fall chiefly into three groups: (1) a few intractable cases of chronic urethritis, which may be treated by direct application of 10 per cent silver nitrate to the urethra and trigone through an endoscope; (2) some cases with long polyps around the vesical sphincter, which require fulguration; and (3) rarely, a case which will not respond to therapy until an infected cervix uteri is adequately treated. In the latter two groups it must be remembered that often fulguration of the polyps and treatment of the cervix do not of themselves relieve the symptoms, as the urethra itself must be treated after the other procedures have been carried out.

SUMMARY

Chronic nonspecific urethritis is a common condition in women. It is characterized by pathologic inflammatory changes in the urethra, neck of the bladder and vesical trigone, which appear granular on inspection. Chronic urethritis may be the cause of many annoying urinary symptoms and pain, either local or referred. The diagnosis is not difficult if complete urologic studies are made in suspected cases. The disease can be

cured within four to six weeks by irrigating the bladder, dilating the urethra with sounds and instilling solutions of silver nitrate into the posterior urethra. It should be remembered that after the inflammation has been cured, predisposing factors may be responsible for recurrence.

BIBLIOGRAPHY

1. Herbst, R. H., and Merricks, J. W.: Chronic Primary Diseases of the Lower Female Urinary Tract, M. Clin. North America **25**: 245-269 (Jan.) 1941.
2. Sar-Louis, A. G.: Trichomonas Vaginalis Urethritis and Its Treatment, Ohio State M. J. **38**: 137 (Feb.) 1942.
3. Lower, W. E., and Roen, P. R.: Urethral Disease in Women, Cleveland Clin. Quart. **10**: 48-54 (July) 1943.
4. Burns, E., and Butt, A. J.: The Significance of Chronic Urethritis in Women, South. Surgeon **12**: 352-357 (Dec.) 1946.
5. Ormond, J. K.: Non-Purulent Urethritis in Women; "Granular Urethritis—Cystalgia," J. Urol. **33**: 483-497 (May) 1935; (b) Treatment of Stress Incontinence in Women, J. Urol. **57**: 326-330 (Feb.) 1947.
6. Spence, H. M.: Granular Urethritis in Women, J. Urol. **43**: 199-203 (Jan.) 1940.
7. Hunner, G. L.: (a) Intractable Bladder Symptoms Due to Ureteritis, J. Urol. **4**: 503-529 (Dec.) 1920; (b) Hunner, G. L.: Chronic Urethritis and Chronic Ureteritis Caused by Tonsillitis, J. A. M. A. **56**: 937-941 (June) 1911.
8. Winsbury-White, H. P.: The Spread of Infection from the Uterine Cervix to the Urinary Tract and the Ascent of Infection from the Lower Urinary Tract to the Kidneys (Hunterian Lecture), Brit. J. Urol. **5**: 249-267 (Sept.) 1933.
9. Folsom, A. I.: (a) The Female Urethra; A New Factor in Infection of the Kidney Pelvis in Women and Children, South. M. J. **25**:859-863 (Aug.) 1932; (b) The Female Urethra; Clinical and Pathologic Study, J. A. M. A. 97: 1345-1351 (Nov. 7) 1931; (c)——and O'Brien, H. A.: The Female Obstructing Prostate, J. A. M. A. **121**: 573-580 (Feb. 20) 1943.
10. Walker, K. M.: The Pathways of Infection in Genito-Urinary Tuberculosis (Hunterian Lecture), Lancet **1**: 435-440, 1913.
11. Twinam, F. P.: Discussion in Stevens, W. E.: Congenital Obstructions of the Female Urethra, J. A. M. A. **106**: 89-92 (Jan. 11) 1936.
12. Virchow, R.: Virchow's Arch. F. Path. Anat. **5**: 403, 1853.
13. Caldwell, G. T.: The Glands of the Posterior Female Urethra, Texas State J. Med. **36**: 627-632 (Jan.) 1941.
14. Renner, M. J.: The So-Called Female Prostate and Concretion Formation in the Female Urethra, Surg. Gynec. & Obst. **52**: 1087-1092 (June) 1931.
15. Bothe, A. E.: Discussion in Folsom.[9b]
16. Johnson, F. P.: The Homologue of the Prostate in the Female, J. Urol. 8:13-34 (July) 1922.
17. Young, H. H.: Genital Abnormalities, Hermaphroditism, and Related Adrenal Diseases, ed. 1, Baltimore, The Williams and Wilkins Company, 1937, pp. 347-381.
18. Cabot, H., and Shoemaker, R.: The Role of the Glands of the Female Urethra in the Production of Infection of the Urinary Tract, Tr. Am. A. Genito-Urin. Surgeons **29**: 461-472, 1936.
19. MacKenzie, D. W., and Beck, S.: A Histopathological Study of the Female Bladder Neck and Urethra, J. Urol. **36**: 414-442 (Oct.) 1936.
20. Tourneaux, F.: Sur le Developpement et L'evolution du Tubercule Genital chez le Foetus Humain dans les Deux Sexes avec Quelque Remarques Concermant le Developpement des Glandes Prostatiques; J. de L'anat et Physiol. **25**: 229-263, 1889.
21. Young, H. McC.: Hormone Therapy in Urologic Practice, J. Urol. **55**: 641-647 (June) 1946.
22. Van Duzen, R. E.: Glands of the Female Urethra, Urol. & Cutan. Rev. **48**: 363-364 (Aug.) 1944.
23. Butt, A. J., and Kittredge, W. E.: To be published.
24. Civiale: Quoted by Folsom, A. I., and O'Brien, H. A.: The Female Urethra; the Connecting Link Between the Urologist and the Gynecologist, J. A. M. A. **128**: 408-413 (June 9) 1945.

1101 North Palafox Street.

HOSPITAL CASE REPORTS

HANOT'S CIRRHOSIS*

A 36 year old white man entered the hospital with a history of alcoholism of ten years' duration, after an alcoholic bout of ten days without food. His temperature was 102.4 F., the pulse rate was 120, and the respiration rate was 40. The blood pressure was 125 systolic and 80 diastolic. He was dehydrated and emaciated. Coarse rales were present in the base of the right lung, and the edge of the liver reached the crest of the ilium. He died six hours after admission with the clinical diagnoses of acute alcoholism (impending delirium tremens), hepatic decompensation and bronchopneumonia.

Of interest was the liver, which weighed 3,000 Gm. and was a bright homogeneous yellow. Histologically, this was the effect of fatty metamorphosis, with small bile duct occlusion. The pathologic diagnosis was toxic hepatitis (early acute Hanot's cirrhosis) with the contributing factors of alcohol and vitamin deficiency. This combination interferes with burning of sugar with fatty metamorphosis. We cite this case since the liver is like that described by Hanot. Recently it has been doubted that anyone has seen a case of so-called Hanot's cirrhosis, or that this diagnosis deserves a place in textbooks of pathology. The entity possibly should be given another name since other toxic factors causing like disturbances in metabolism undoubtedly cause like pictures.

INTRINSIC ASTHMA

Dr. Melich: A 51 year old white man was discharged from the Army in 1918 with the diagnosis of chronic pulmonary tuberculosis. In 1920 he was operated upon for sinusitis. In 1935 syphilis was diagnosed, for which he was treated for one year. He was admitted to this hospital in 1946 because of hematuria, at which time the diagnoses of slightly hypertrophied median bar, allergic rhinitis, multiple polyps, and deflected septum, left, were made. Surgery was done, removing the polyps and correcting the septum. In the last twenty years, the patient stated, he had had pneumonia four times. In 1945 he worked as a painter in a shipyard.

On examination, the patient was found to be a mouth breather. The cardiac sounds were barely audible, the rate was 106, and the blood pressure

was 90 systolic and 70 diastolic. The chest was emphysematous, and there were sibilant rales in both lungs. There was occasional wheezing.

The laboratory examination showed: urine, specific gravity 1,022 and albumin 1 plus; red blood cells 4.7 million, white blood cells 7,800, hemoglobin 87 per cent, with neutrophils 80 per cent, lymphocytes 18 per cent and monocytes 2 per cent, basophilic stipling 4 plus and serologic reactions positive; nonprotein nitrogen 29 and blood sugar 100.

On roentgen examination, a pyelogram showed a kink in the right ureter, and phenolsulfonphthalein appeared from both ureters within five minutes. A roentgenogram of the chest showed a chronic fibrotic tuberculosis of the apex of the right lung. The electrocardiogram showed a left axis deviation and a sinus tachycardia.

During the patient's five day stay in the hospital the course was progressively downhill. The clinical diagnoses were: intrinsic asthma, chronic allergic rhinitis with polyps, postoperative nasal septum, latent syphilis, inactive pulmonary tuberculosis, hypertrophied median bar and malnutrition. There was a guestion of whether a removal of shock organs in the nose one year previously might not have instigated the asthmatic episodes by destroying a first line of defense.

Dr. Raynolds: This is a case of intrinsic asthma. It starts in the thirties, forties, or fifties. The patient is sensitive to aspirin and should not be given morphine because it depresses respiration, nor should he be given atropine because it will make it more difficult for him to get rid of the secretions. A characteristic of the disease is the plugging of bronchi and bronchioles with a gelatinous mucus. The treatment is intravenous fluids and aminophylline. The patient may have to be subjected to bronchoscopy to remove the mucus and prevent suffocation. This is a relatively uncommon condition and is the type of asthma which may, and often does, kill the patient.

NECROPSY FINDINGS

Dr. Goldthwait: At necropsy, the significant findings were above the diaphragm. The right lung weighed 600 Gm.; the left lung weighed 450 Gm. In the apex of the right lung an area of fibrotic tissue 8 by 4 cm. in size bound the lung firmly to the wall of the chest. Both lungs were markedly emphasematous, floating high in water, and on section, small gelatinous white plugs popped out of the bronchioles. The larger bronchi and trachea were filled with a less viscous, more purulent material. Several small bronchopneumonic areas were noted bilaterally. The heart weighed 500 Gm., and the right ventricle appeared slightly enlarged. The ratio of left to right ventricle weights was 1.36, slightly below Stoffer's normal of 1.7 and indicating right-sided hypertrophy. Bone marrow showed eosinophilic hyperplasia. The anatomic diagnoses were intrinsic bronchial asthma, bronchopneumonia and cor pulmonale, mild.

Dr. Williams: There was little of note in this case but the lungs. They were ballooned out, and, as stated before, the bronchi and bronchioles were filled with gelatinous mucus producing a valve action which allowed air to be drawn in and as the condition advanced, preventing an equal amount from being expelled, resulting in suffocation. I visualize that if a guinea pig could be made to die slowly in anaphylactic shock, a somewhat similar state of affairs would exist. In rapid anaphylactic shock the bronchiolar muscles serve as the valves, allowing air to be drawn in, but because of spasm, preventing it from being expelled.

**Selected from the presentations at the weekly clinical and anatomic pathology conferences of the Staff of the Veterans Administration Hospital, Bay Pines, and edited by Dr. John W. Williams, Pathologist in Charge of Laboratory. The 2 cases published here were presented at a meeting of the Staff on Feb. 6, 1947 with the members of the Pinellas County Medical Society as guests.*

MEDICAL DISTRICT MEETINGS

The Chairman of the Council, Dr. W. Duncan Owens, has just announced that the dates of the four Medical District meetings have been officially set by the Council as follows:

Panama City, Monday, Oct. 27, 1947
Lakeland, Wednesday, Oct. 29, 1947
Ft. Pierce, Thursday, Oct. 30, 1947
St. Augustine, Saturday, Nov. 1, 1947

Every member of the Association is urged to make a note of these dates and make plans to attend the meeting in his district and any of the other three meetings as desired.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. MCEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. MCIVER, M.D. (Ex-Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. MCKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
C. FREDERIC ROCHE, M.D...D-48.....*Miami*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami Beach*
THOMAS W. TAYLOR, M.D ..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48.*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MAXEY DELL, JR., M.D...AL-48.....*Gainesville*
ROBERT D. FERGUSON, M.D...B-49.....*Ocala*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES. M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahoochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D...AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51..... *DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48.*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
DUNCAN T. MCEWAN, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1947)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
LOUIS M. ORR, II, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1948)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D. .....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents
John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945..... *Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

WHAT VALUE HUMAN LIFE?

Physicians have been trained with one paramount objective in view, to save and prolong human life. But as we struggle to save a few lives, we are disheartened to think of those millions whose lives have been destroyed by war. And we are staggered when we realize that the whole sordid business is not settled; that conquest and expansion, totalitarianism and oppression are not things of the past; that the atomic bomb and super weapons make human life uncertain. We wonder about the safety of our children. We wonder if they will live to enjoy the liberty and freedom for which our forefathers, our leaders and we have fought.

In the past there has been chatter about humane warfare. War has been glorified and warriors made heroes. Defensive wars have been necessary, of course, and to defend one's country is a privilege, but no warfare can be humane. It would seem necessary then that we stand forward and allow no aggressive nation again to attain power whereby she can wage war. The trials and prosecutions of the Nazis for waging aggressive war would appear to be a step in the right direction, but possibly we have overlooked one point. The Nazis have been prosecuted for their aggressive acts, but those on the opposing side also guilty of aggressive warfare have not. The aggressive loser, but not the aggressive winner, is prosecuted, which might lead some to the conclusion that aggressive warfare is all right so long as one does not lose.

It is heartening to see that our statesmen are taking a firmer stand against the aggressor nation today. In the meantime we ask: What can we physicians do to make our efforts felt? We can continue our fight to heal the sick, which will show the high regard we have for the life of each individual and we can retain the ideals and ethics which have been long cherished by the medical profession. In this way we can look beyond the distressing present and show that we have faith that there is a desirable destiny for mankind.

PERSONAL RESPONSIBILITY FOR LEGISLATION AND PUBLIC RELATIONS

The time has arrived when doctors must become more interested and active in public relations and in both local and state politics. Most members of the medical profession are idealists and have long considered it somewhat beneath their dignity to take an active part in politics. The same observation holds true to a greater or less extent in all public relations. This attitude must change if we are to protect and improve our profession.

Observation and scrutiny of methods and practices over a period of years reveal many changes and innovations in all branches of busi-

ness. We, as physicians, have been inclined to adhere to the same methods practiced in 1847, when the first Code of Ethics was adopted. In spite of this reluctance to change, there is still no person who has more influence in the average community than the doctor. This influence should be utilized to its fullest extent in improving the relationship between the profession, the public and the lawmaking bodies. It must be used to its utmost if we are to insure the maximum benefits from public health legislation.

The doctor, as an idealist, is inclined to believe that such legislation is considered solely upon its merits after careful study of all the facts. On the contrary, when the legislature is in session, many bills are presented in rapid succession, and the time available for thorough study by the entire group of legislators is short. There are, of course, many lobbyists for and against these bills; and this fact, in itself, tends to produce confusion. At such a time the individual legislator wants and needs the carefully considered advice of an honest and intelligent group who are vitally interested in and familiar with the subject at hand. It is only in this way that he can be expected to support intelligently such measures as will aid the medical profession in improving public health.

Those of us who make up the county and state medical societies have a definite obligation in this regard. We are inclined to believe that we have discharged this obligation with the payment of our annual dues, and we have been guilty of leaving the responsibility of the conduct of the Association and its legislative matters in the hands of a few officers and committeemen. This attitude has fostered a lack of coordination between the legislative committee and the constituent county medical societies. It has been the result of lethargy and indifference on the part of the majority of the members of the Association.

In many instances when the chairman of the Committee on Legislation and Public Policy requests that the officers and members of the local society contact their legislators urging support for, or opposition to, a proposed bill, these officers and members are in total ignorance of the existence of the bill or its content. There have been instances when the Committee wished to oppose a bill which its members believed detrimental to the best interests of the medical profession, and, through misinterpretation, the local societies have wired their representatives to support it.

To correct such a condition it would seem advisable for each county society to have a standing legislative committee, either elected or appointed annually. There should be a close cooperation between this committee and the Association's Committee. Each local committee should be furnished copies of all bills pertaining to public health or medical practice as soon after their introduction as is practical. These bills should be carefully studied by the committee and reported on at its regular meetings. In this way, the local group would be in a position to help the Committee if and when they were called upon to do so.

In the average community no one man has influence with all the local legislators, but a committee could easily cultivate the friendship of these men and would, I am sure, find them most receptive to the physician's opinion and advice on matters of public health. It would seem wise for this committee to meet with the local representatives and senator within thirty days of the convening of the legislature and to discuss with them bills sponsored by the Association as well as the reasons for which they are being sponsored. I am sure that such a practice would be welcomed by our politicians as a constructive measure. It is difficult, or impossible, for the Committee on Legislation and Public Policy to contact satisfactorily the majority of the legislators when bills are proposed.

We who have never served on this important Committee have no conception of the tremendous task that we have thrust upon its members; yet, we expect them to protect us without any effort on our part. When it is impossible for the Committee single-handedly to secure the cooperation of a majority of the lawmakers, we are prone to lay the blame on the members of the Committee rather than to accept it ourselves as a measure of our own poor cooperation and support.

The Association has recently deemed it advisable to employ a full time man whose duties are to handle all matters concerning public relations. This progressive step necessarily involves additional expense and has therefore received strenuous opposition from many members. The pro rata expense of this very necessary activity is, however, small in comparison with the benefit derived and it is certainly less than any of us frequently spend for an evening's entertainment.

In conclusion, if we continue with an isolationist policy where public health and politics are concerned and shun intelligent, organized effort, socialized medicine will be thrust upon us, and we, the members of the medical profession, will be largely responsible for it. With energetic and wholehearted cooperation from each member of the Association and with close coordination between county societies and the Association, we should have little to fear from improper medical legislation originating in Tallahassee. In addition, such a united front would be productive of model effective medical laws, which should deter any overzealous federal legislation directed toward the socialization of medicine. Without such an effort we can no longer expect to continue unmolested the practice of medicine as free agents, but must accept the inevitable suffocation of initiative and enterprise inherent in socialization under a lay board.

'A WRINKLE IN GOOD PUBLIC RELATIONS'

A constructive suggestion in line with the foregoing editorial appeared recently in News Letter, published by the Council on Medical Service of the American Medical Association. In an article entitled "Public Relations in Action," Dr. Gordon B. Leitch of Portland, Ore., described "a wrinkle in good public relations," practiced for years by the Oregon State Medical Society, which other state medical organizations might well consider.

The legislative committee of this society, sometime during each biennial session of the state legislature, gives a private dinner for state officials and members of the legislature whose positions or duties have some medical aspects or implications. Those present on this occasion in 1947 were the Governor, Secretary of State, President of the Senate, Speaker of the House, members of the Senate and House committees on medicine, dentistry and pharmacy, members of the state board of health and state industrial accident commission, the state insurance commissioner, the superintendent of public instruction and members of the board of higher education, members of the board of medical examiners, and the officers and members of the state medical society.

An hour or two of personal intermingling on a most informal basis precedes the dinner. At the conclusion of the dinner, the chairman introduces each guest, who rises, acknowledges the introduction and immediately resumes his seat. There are no speeches, and no effort is made to discuss or influence any item of legislation.

The custom arose from a small dinner party given several years ago in honor of an old time physician senator who had rendered valiant service to his profession and the public in the legislature. Since his death, it has been continued in accordance with the wishes of the many legislators who have welcomed the opportunity to get personally acquainted with the physicians and to know them better. The popularity of this social function with the legislators and public officials is ascribed in large measure to the conspicuous absence of speeches and efforts at lobbying.

CENTENNIAL POSTAGE STAMP

The three cent stamp issued by the Post Office Department of the United States in commemoration of the work of the physician is a tribute every member of the medical profession appreciates. Great interest attached to the issuing of this stamp as a part of the celebration of the birth of the American Medical Association one hundred years ago, and special ceremonies marked its advent.

The stamp reproduces the painting "The Doctor" by Sir Samuel Luke Fildes, R.A., which was exhibited in the auditorium at the Centennial Celebration of the American Medical Association in Atlantic City in June. This original study hangs in the Guthrie Clinic of the Robert Packer Hospital in Sayre, Pa., and from it the large painting called "The Doctor" which hangs in the Tate Gallery in London was painted.

Sir James Clark, F.R.S., K.C.B., the physician in the painting, was a well known scientist, educator and author of his day, who published a number of books on medical subjects. He was born in 1788, and he died in 1870 at the age of 82. Four years before his death he was made a Knight Commander of the Bath. He was physician to the royal family in Great Britain and also to Prince Leopold, later king of the Belgians. The artist, however, chose to portray him, not in attendance upon the Queen or a princess of the royal house, but at the bedside of a child in the cottage home of a rural family.

WHO EXPERT COMMITTEE ON BIOLOGIC STANDARDIZATION

Medical experts of seven countries, the Netherlands, Switzerland, England, Denmark, India, France and the United States, met in Geneva, Switzerland, in June for the purpose of assuring more effective treatment of disease throughout the world through the use of drugs, vaccines and serums of tested and uniform value. This group functions as the Biologic Standardization Committee of the World Health Organization, Interim Commission, and it is one of nine expert committees appointed to study the prevention and treatment of disease on a worldwide basis. Representing the United States on this committee is Dr. M. V. Veldee, Chief of the Biologics Control Laboratory, National Institute of Health, United States Public Health Service, Washington, D. C.

This committee seeks to further international work begun more than a decade ago by the League of Nations. During the war years, when a free exchange of biologic information was impossible, the national laboratories of three continents worked independently, making many advances in standardization of well known drugs, serums and vaccines. Some of these laboratories also undertook standardization of products developed during the war years, such as penicillin and sulfa drugs. The biologists are now seeking the freest exchange of experience and practices in an attempt to achieve for all nations standards that will provide biologic products of uniform purity, dosage and effectiveness.

Expressive of the emphasis of modern medicine, many of the products studied for standardization are designed to prevent the incidence of a specific disease rather than to cure it. They include toxoids used to immunize children and adults against diphtheria, the vaccine that has made whooping cough less of a scourge than it was a generation ago, antityphoid serums, and smallpox and yellow fever vaccines. The BCG vaccine for immunization against tuberculosis is regarded as of particular importance because of the increased incidence of this disease as a result of the deprivations of war.

PHYSICIAN POPULATION INCREASES

Additions to the medical profession of the United States reached new heights in 1946. The unprecedented increase apparently reflects mainly the migration of veteran medical officers, many of whom are seeking new locations after the disrupting influences of war. With 6,959 physicians admitted and 3,358 removed by death or temporary residence in a foreign country, the physician population was increased by 3,601.* It would appear that the accelerated school program during the war is now providing a greater physician-civilian population in the country generally.

The increase in the number of licentiates over the preceding year was spectacular in some states with large urban populations and also in some rural states. California licensed the largest number, 2,045, and both New York and Illinois licensed more than 1,000. No state licensed fewer than 30. Only Arkansas, Indiana and Tennessee failed to issue more licenses than in 1945. There were 16,129 licenses issued.

In Florida, 57 licentiates received their first license to practice medicine and surgery in 1946 and therefore represent additions to the medical profession. In all, 318 licenses were issued during the year. In the last five years (1942-1946) 1,064 candidates have been examined in Florida, only 11.7 per cent of whom failed. This percentage of failures compares favorably with the percentage of 11.6 for the nation as a whole in this five year period.

* Medical Licensure Statistics for 1946, J. A. M. A. 134: 255 (May 17) 1947.

STATE BOARD OF MEDICAL EXAMINERS MEETS

In session in Jacksonville on June 24 and 25 to conduct the semiannual examinations for candidates seeking a license to practice medicine in Florida, the Florida State Board of Medical Examiners elected Dr. Robert G. Nelson of Tampa to serve as its president for the ensuing year. Dr. Harold D. Van Schaick of Miami was reelected secretary-treasurer, and Dr. Homer L. Pearson, Jr., of Miami was named vice president.

Other members of the Board are: Dr. I. W. Chandler, Avon Park; Dr. Julius C. Davis, Quincy; Dr. Howard G. Holland, Leesburg; Dr. S. G. Hollingsworth, Bradenton; Dr. Joseph B. Kollar, Vero Beach; Dr. George S. McClellan, Pompano, and Dr. Frank D. Gray, Orlando.

At this session 183 applicants took the examinations. The names of the successful candidates will be published in a later issue of The Journal

UNIVERSITY AWARD FOR "DOCTORS—THEN AND NOW"

Signal recognition has been given the series of dramatized broadcasts entitled "Doctors—Then and Now," which was presented by the American Medical Association over the National Broadcasting Company network as a feature of its Centennial Celebration. This program, portraying the progress of medicine in the United States during the century of this organization's existence, received first award in the "Civic and Service Organizations" class at the Seventeenth Annual Session of Ohio State University's American Exhibition of Educational Radio Programs, held in Columbus in May.

The citation read: "For presenting to the listening audience in a dramatic and most effective manner the ideals and principles which motivate the members of the medical profession in their struggle against human illness."

CARE FOR THE HUNGRY

Millions of Americans are sending parcels to friends and relatives in Europe. Are you? CARE, the Cooperative for American Remittances to Europe, Inc., is the only non-profit, government-approved organization set up especially to help people in this country send packages to designated individuals abroad. It offers food and other package service to Austria, Belgium, Czechoslovakia, France, Finland, Greece, Hungary, Italy, Norway, the Netherlands, Poland, Rumania and the American, British and French zones of Germany plus all of Berlin. Also, Britain is now open to receipt of CARE packages.

CARE is composed of twenty-seven major welfare agencies concerned with sending aid to Europe. General Eisenhower termed it a "personal expression of international goodwill." With the end of broad government feeding programs, it is fortunate that individual Americans can, through CARE, still aid in the physical rebuilding of Europe's people, for the period of want is by no means ended. In many war-devastated areas, the food shortage is still acute. Disrupted transportation, poor crops and a shortage of labor have combined to provide only subsistence diets for millions of people already weakened by years of hunger. Rising disease rates, especially for tuberculosis, testify to the continuing need for aid.

The CARE food package contains more than twenty-one pounds of meat, fats, sugar, milk, flour, chocolate, coffee and other essential foods which are practically unobtainable in Europe today. The blanket package contains two all wool Army blankets with sewing materials and soles and heels for repairing worn shoes; the woolen package contains 3½ yards of pure woolen cloth with lining material and sewing equipment for making a man's suit or woman's coat; and the cotton package contains 17 yards of fabric by the yard.

The total cost of each of the four packages is just $10. Orders are sent by air mail to the designated countries in Europe, and delivery is made from local European warehouses. Operating through agreements with the European governments, CARE guarantees delivery of its parcels ration-free, duty-free and tax-free. Individuals and organizations can send CARE packages to friends and relatives by mailing orders to CARE headquarters, 50 Broad Street, New York 4, N. Y. In no other way can you send so much for so little.

A. M. A. CONVENTION ATTENDANCE

The registered attendance at the convention celebrating the one hundredth anniversary of the establishment of the American Medical Association held in Atlantic City last month was 15,667. This largest assemblage of physicians ever held anywhere in the world assured the continuous participation of a capacity audience for every one of the scientific sections and every exhibit.

Florida had excellent representation on this great occasion with 165 members of the Association in attendance. The official roster includes the following names:

APALACHICOLA: Terry Bird. ARCADIA: Gordon H. McSwain. BARTOW: Chester H. Murphy. BRADENTON: Lowrie W. Blake. COCOA: Thomas C. Kenaston. CORAL GABLES: A. Daniel Amerise, Jack Q. Cleveland, Warren W. Quillian. DAYTONA BEACH: Cleland D. Cochrane, Norman E. Williams. DUNEDIN: John A. Mease, Jr. FERNANDINA: Henry B. Dickens, Jr. FORT LAUDERDALE: Eugene C. Chamberlain, Anna A. Darrow, Elliott M. Hendricks, Garland M. Johnson, Richard A. Mills, Alva R. Taylor. FORT PIERCE: Jerome A. Megna. GAINESVILLE: John H. Thomas, William C. Thomas. HOLLYWOOD: Rudolph W. Heath. JACKSONVILLE: James L. Borland, Cornelia Morse Carithers, Hugh A. Carithers, Jr., Thomas B. Christian, John D. Ferrara, Banks H. Goodale, O. E. Harrell, William G. Harris, Crowell W. Johnston, Frederick W. Krueger, Louie M. Limbaugh, Shaler Richardson, Clarence D. Rollins, Sidney Stillman, Edward C. Watt, Ashbel C. Williams, J. Frank Wilson. LAKE WALES: Bruce R. Tinkler.

LAKELAND: James R. Boulware, Jr., Fred S. Gachet, Marion W. Hester. MIAMI: Lawrence Adler, Isadore

H. Agos, Samuel Aronovitz, Laura M. Hobbs Bourne, Edward W. Cullipher, Frederick E. Farrer, Harold H. Fox, M. Jay Flipse, Elmo D. French, J. Raymond Graves, Charles E. Hebard, Leslie M. Jenkins, Walter C. Jones, George D. Lilly, A. Buist Litterer, Joseph Lomax, Joseph H. Lucinian, Donald F. Marion, Matthias P. Meehan, James H. Mendel, Claude G. Mentzer, Albert H. Mouradian, E. Sterling Nichol, Benjamin G. Oren, Samuel W. Page, Jr., Homer L. Pearson, Max Pepper, Kenneth Phillips, James H. Putman, Harold Rand, Jack O. W. Rash, Wiley M. Sams, Ralph S. Sappenfield, Donald W. Smith, John W. Snyder, Robert T. Spicer, Richard F. Stover, Earl R. Templeton, Herbert W. Virgin, Jr., George Williams, Jr., Frank M. Woods, Scheffel H. Wright.

MIAMI BEACH: William H. Bernstein, Maryland B. Byrne, Max Dobrin, Elias Freidus, Meyer J. Glick, Max Gratz, Julius D. Holly, Emil M. Isberg, Saul H. Kaplan, Bernard S. Kleinman, Morris J. Levine, Alexander Libow, Meyer B. Marks, David A. Nathan, Julius A. Oshlag, Lewis Palay, Cayetano Panettiere, Julius R. Pearson, Murray M. Reckson, Maurice J. Rose, Edward Roth, Milton S. Saslaw, Sol Selevan, M. P. Travers, S. Charles Werblow, D. Ward White, Maurice Zimmerman. OCALA: Henry L. Harrell, Cari S. Lytle, Robert E. Thompson. ORLANDO: Clarence Bernstein, J. Rocher Chappell, Joseph H. Chiles, Edward T. Furey, Donald C. Hartwell, Duncan T. McEwan, Meredith Mallory, Pleasant L. Moon, Jr., Don C. Robertson, W. Dean Steward.

PALM BEACH: George M. Dawson, Fred E. Manulis, Bailey B. Sory, Jr. PENSACOLA: Luther C. Fisher, Jr., Clyde E. Miller, Jr. QUINCY: William W. Massey. SAINT AUGUSTINE: Eugene T. Foy, Vernon A. Lockwood. SAINT PETERSBURG: Arnold S. Anderson, James A. Bradley, Dean W. Hart, Whitman C. McConnell, Norval M. Marr, Robert J. Needles, Orville N. Nelson, J. Braden Quicksall, H. Milton Rogers, Franklin W. Roush, Jr. SANFORD: Thomas F. McDaniel, Harry Z. Silsby. SARASOTA: John M. Butcher, Joseph Halton, Cecil E. Miller. TALLAHASSEE: Sarah P. White. TAMPA: Edith P. Mols Corlew, Joshua C. Dickinson, Kenneth G. Gould, Nathan L. Marcus, Thomas F. Nelson, Anthony P. Perzia, Burdette Smith, Morris Waisman. WEST PALM BEACH: W. Wellington George, V. Marklin Johnson, Lloyd J. Netto, David A. Newman, James R. Sory. WINTER HAVEN: Lee E. Parmley, Wiley T. Simpson. ZEPHYRHILLS: Donald G. Bradshaw.

POSTGRADUATE COURSE IN INFECTIOUS DISEASE

The Emory University School of Medicine announces a postgraduate course in infectious diseases to be conducted in cooperation with the Georgia Department of Public Health. It will be held September 18 and 19, 1947 at the Grady Memorial Hospital, Atlanta, Ga.

This course is planned specifically for the public health physician and the general practitioner. It is intended to be a practical and comprehensive study of the latest methods of clinical and laboratory diagnosis and treatment of communicable diseases, including venereal infections.

Interested physicians may obtain further information from Dr. R. H. Oppenheimer, Grady Memorial Hospital, Atlanta 3, Ga.

STATE NEWS ITEMS

Dr. F. A. Copp of Jacksonville, medical officer of the American Red Cross Volunteer Life Saving Corps, attended the National Convention of the American Red Cross in Cleveland in June. Because of his long volunteer service in Red Cross work and his knowledge of first aid, water safety and accident prevention, Dr. Copp was chosen for this honor by the officers of the Southeastern Area of the Red Cross.

Indiana now has a law requiring annual registration of physicians, which became effective July 1, 1947.

The Twelfth Annual Assembly of the United States Chapter of the International College of Surgeons will be held at the Palmer House in Chicago from September 28 to October 4, 1947, inclusive.

The Third American Congress on Obstetrics and Gynecology, sponsored by the American Committee on Maternal Welfare, Inc., will convene on Sept. 8, 1947 in the Municipal Auditorium in St. Louis and will continue through September 12. The program is planned to have wide appeal not only to obstetricians and gynecologists but also to general practitioners in particular and to members of allied professions. Dr. Ralph W. Jack, Huntington Building, Miami, is the membership chairman for Florida.

Dr. W. C. McConnell of St. Petersburg represented the Association at the first National Conference of County Medical Societies, held in Atlantic City, N. J., in June as part of the Centennial Celebration of the American Medical Association. Dr. McConnell is, in point of service, the oldest county medical society secretary in the state, having served the Pinellas County Medical Society in this capacity since 1935.

One of the delightful gatherings held in Miami at the time of the annual convention of the Association was a cabana party and buffet supper at the Deauville Hotel and Casino on April 20, 1947, attended by sixteen women physicians. At this meeting, the South Florida Branch of the American Medical Women's Association was organized. Dr. Laura M. Bourne of Miami was elected to serve as the first president of this group.

MEDICAL DISTRICT MEETINGS

The Chairman of the Council, Dr. W. Duncan Owens, has just announced that the dates of the four Medical District meetings have been officially set by the Council as follows:

Panama City, Monday, Oct. 27, 1947
Lakeland, Wednesday, Oct. 29, 1947
Ft. Pierce, Thursday, Oct. 30, 1947
St. Augustine, Saturday, Nov. 1, 1947

Every member of the Association is urged to make a note of these dates and make plans to attend the meetings in his district and any of the other three meetings as desired.

The Councilors are completing plans for interesting programs. At 2:30 p.m. two scientific papers of unusual interest will be presented. Following the scientific assembly, there will be a general session, at which time the officers of the Association will be heard. At this meeting each member of the Association will have an opportunity to meet the officers personally and to glean current information on the activities of the Association.

The county societies which will act as hosts are making elaborate plans for the pleasure and entertainment of their guests, including refreshments. There is a rumor that at one of these Medical District meetings an old-fashioned barbecue will be the climaxing event.

Make a memorandum of these dates and plan to be present. For the convenience of the members the place and date of these meetings are listed in the back of The Journal under "Schedule of Meetings" each month.

MARRIAGES AND DEATHS

MARRIAGES

Dr. Leldon W. Martin, Sebring, and Miss Clara Shepherd, Fair Mount, Ga., were married on April 27, 1947.

Dr. Robert B. Mertz and Annette Harris Salzer, St. Petersburg, were married on June 21, 1947.

DEATHS—MEMBERS

Dr. Samuel A. Shoemaker, Orlando ..... Jan. 3, 1947
Dr. William E. Sherman, Winter Haven ..... May 31, 1947

OTHER DOCTORS

Dr. Morris Feintuch, Brooklyn ..... July 4, 1946
Dr. Everton J. Lawrence, Windermere ..... June 19, 1947
Dr. Guy L. Alexander, Washington, D. C. Apr. 28, 1946
Dr. S. Blake Daniel (Col.), Jacksonville ..... Feb., 1946
Dr. Edgar R. Daniels (Col.), Panama City July 20, 1946

FOR SALE: Complete equipment for office of general practitioner. Physician leaving practice soon. Write P. O. Box 1018, Jacksonville 1, Florida. Key 69-11.

The

Chicago Medical Society

announces

POST GRADUATE COURSES

To Be Held in Chicago

Leading Teachers from All Over the U. S.

Cardiovascular Diseases

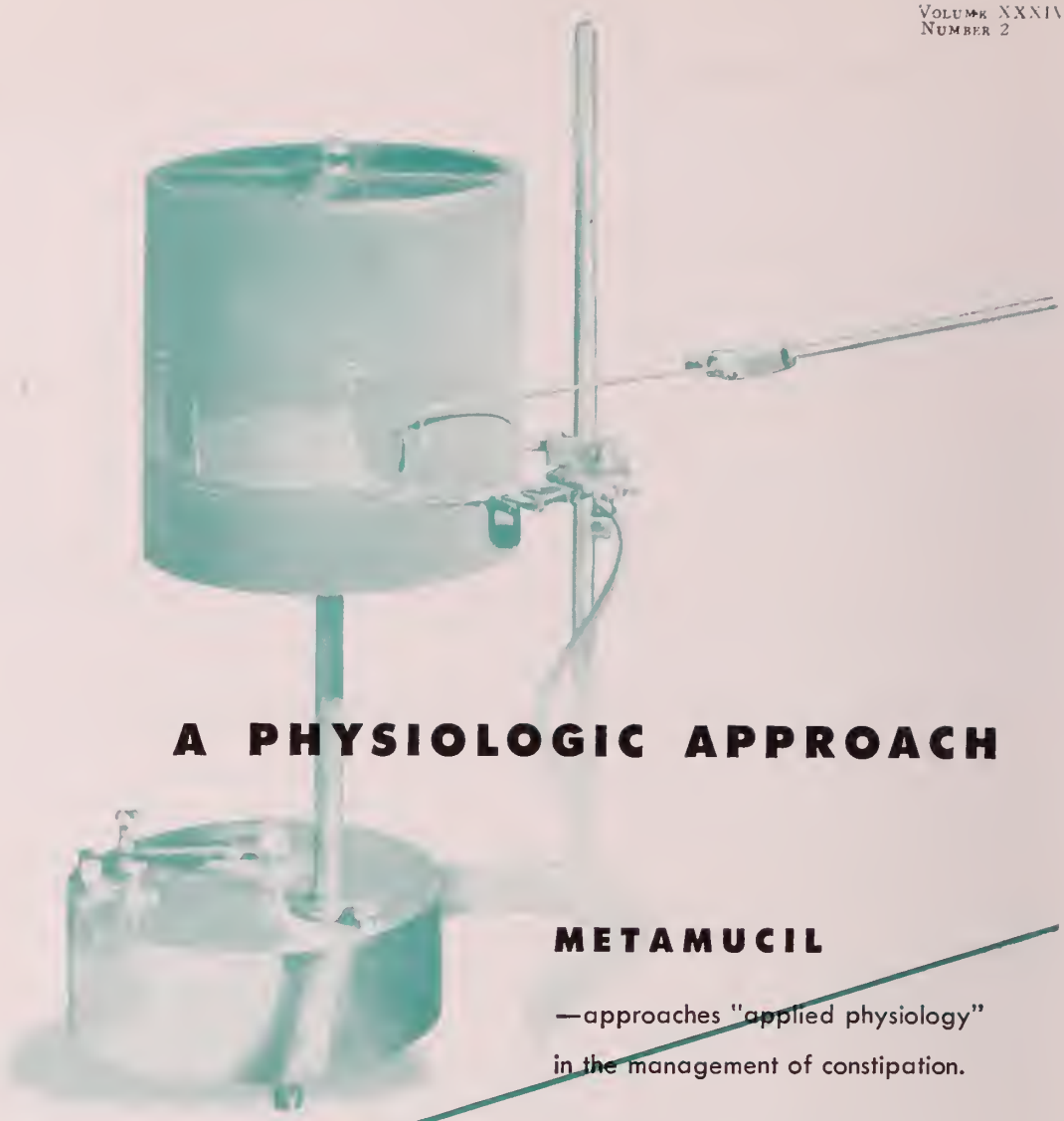
OCTOBER 20-25

Gastroenterology

OCTOBER 27-NOVEMBER 1

Both Courses Limited to 100 and Open to Physicians in Good Standing in Their Local Medical Societies. Fee $50.00

Send Applications to
DR. WILLARD O. THOMPSON,
Chairman Committee on P. G. Education
CHICAGO MEDICAL SOCIETY,
30 N. MICHIGAN, CHICAGO 2



A PHYSIOLOGIC APPROACH

METAMUCIL

—approaches "applied physiology" in the management of constipation.

The "smoothage" principle—the gentle, nonirritating action of Metamucil—encourages normal physiologic bowel function.

Metamucil is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Metamucil is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

ROBERT CAMPBELL BOOTHE

On May 20, 1947 Dr. R. C. Boothe died at his home in Fort Pierce. This pioneer physician of St. Lucie County was 72 years of age.

Dr. Boothe was born in Chesapeake, Ohio, on Dec. 27, 1874. He taught school for a time at Eastern, Ky., prior to taking up the study of medicine in the Medical School of the University of Kentucky. He received the degree of Doctor of Medicine there in 1905 and subsequently practiced medicine in Eastern. He also operated a private hospital at Elkhorn City, Ky. Locating in Fort Pierce in 1912, he practiced in that city continuously until his retirement two years ago. In the early days of his residence there his practice extended from West Palm Beach to Titusville.

A leader in the early development of Fort Pierce Beach this honored physician was also active in civic affairs and served one term as city councilman. He was chief medical officer for the county draft board in both world wars.

For a number of years Dr. Boothe operated a private hospital and later led in the establishment of the Four County Hospital, predecessor of the former Oakland Park Hospital and the present Fort Pierce Memorial Hospital. He was one of the organizers of the St. Lucie-Okeechobee-Indian River-Martin County Medical Society, of which he was later made an honorary life member, and he was an honorary life member also of the Florida Medical Association and the American Medical Association. Locally, he was affiliated with the Masonic bodies and the Elks.

S. A. Kyle Funeral Director

MEMBER National Selected Morticians OF INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

"EUREKA! I THINK THIS IS IT!"

Said A Doctor When Shown The Spencer Breast Support



SPENCER BREAST SUPPORTS

Hold Heaviest Ptosed Breasts In Healthful Position

Improve circulation and tone, rendering breasts less likely to inflammation or disease. Encourage squared shoulders, aiding breathing. Release strain on muscles and ligaments of chest, neck, shoulders and back.

Aid antepartum-postpartum patients by protecting inner tissues, helping prevent outer skin from breaking; guard against caking and abscessing during postpartum.

Individually designed for each patient.

For a dealer in Spencer Supports, look in telephone book for "Spencer corsetiere" or "Spencer Support Shop," or write direct to us.

SPENCER, INCORPORATED,
129 Derby Ave., New Haven 7, Conn.
In Canada: Rack Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

May We Send You Booklet?

Name ..... M.D.

Street .....

City & State M-S-47

SPENCER INDIVIDUALLY DESIGNED SUPPORTS
Reg. U.S. Pat. Off.
FOR ABDOMEN, BACK AND BREASTS



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

Surviving are the widow, Mrs. Shelley Bryan Boothe; a daughter, Mrs. T. N. West of Fort Pierce; a sister, Mrs. M. L. Alspach of Ironton, Ohio; and a brother, Martin W. Boothe of Columbus, Ohio.

WILLIAM ERASTI SHERMAN

Dr. William E. Sherman died at his home in Winter Haven on May 31, 1947. He was 58 years of age and had been ill two years.

The son of James Robert and Elizabeth Buell Sherman, Dr. Sherman was born at Roswell, Ga., on Oct. 12, 1888. He received the degree of Doctor of Medicine from the Birmingham Medical College in 1915, and during the first World War, he served as a first lieutenant in the Medical Corps of the Army. Soon after the war he located in Winter Haven, where he practiced medicine for twenty-six years. For a long time he was the only pediatrician there.

Dr. Sherman was a fellow of the American Medical Association and a member of the Florida Medical Association and the Polk County Medical Society. He was affiliated with the Winter Haven Masonic Lodge, the Frierson Nichols Post of the American Legion and the Forty and Eight.

Survivers include the widow, Mrs. Maryetta Sherman; a son, William E. Sherman, Jr.; and a sister, Mrs. J. E. Crump, all of Winter Haven.

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**
In clinical tests proved SAFE for 98% of women who could wear no other polish used.
At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



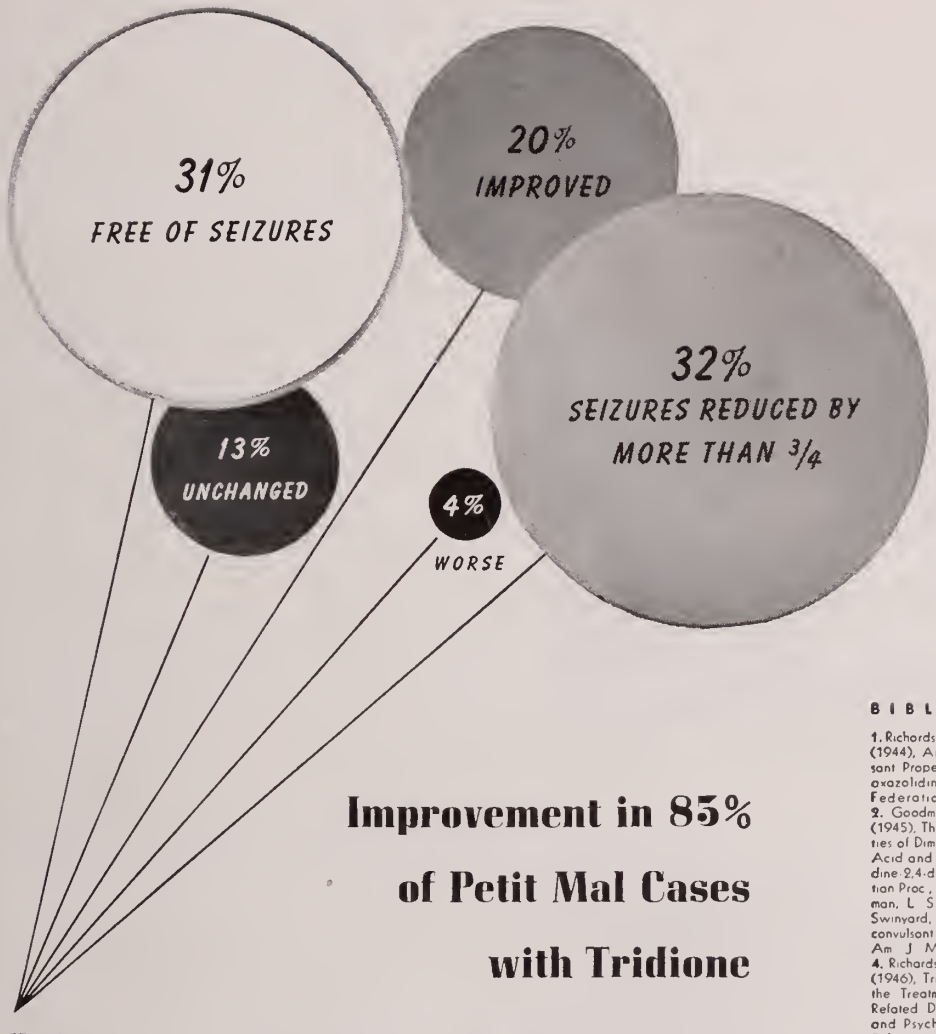
EXCLUSIVELY BY
AR-EX *Cosmetics*

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

The Brown Schools
INC.
FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas



Improvement in 85% of Petit Mal Cases with Tridione

Here's new evidence that Tridione is effective in petit mal. A recent study showed that it brought decided improvement in 83% of the patients to whom it was administered.[13] In this study, Tridione was given to 166 patients suffering from petit mal (pykno-epilepsy), myoclonic jerks or akinetic seizures. This group, as a whole, had received *little or no benefit from other medicaments*. With Tridione, 31% became free of seizures; 32% had fewer than one-fourth of the previous number of seizures; 20% improved to a lesser extent; 13% remained unchanged, and only 4% became worse. *Thus 83% showed improvement.* ● Furthermore, in some cases the seizures *did not return* when Tridione was discontinued. Studies also showed that Tridione was beneficial in certain psychomotor cases when given in conjunction with other antiepileptic drugs.[12] Prescription pharmacies everywhere stock Tridione in 0.3-Gm. capsules or in pleasant-tasting aqueous solution containing 0.15 Gm. per fluidrachm. May we send latest Tridione literature?

Abbott

(Trimethadione, Abbott) **Tridione**®

ABBOTT LABORATORIES • NORTH CHICAGO, ILLINOIS

BIBLIOGRAPHY

1. Richards, R K., and Everett, G. M (1944), Analgesic and Anticonvulsant Properties of 3,5,5-Trimethyloxazolidine-2,4-diane (Tridione), Federation Proc., 3 39, March 2. Goodman, L., and Manuel, C (1945), The Anticonvulsant Properties of Dimethyl-N-methyl Barbituric Acid and 3,5,5-Trimethyloxazolidine-2,4-diane (Tridione), Federation Proc., 4 119, Mar 3. Goodman, L S., Tamon, J E P., and Swinyard, E A (1946), The Anticonvulsant Properties of Tridione, Am J Med., 1 213, September. 4. Richards, R K., Perlstein, M. A (1946), Tridiane, a New Drug for the Treatment of Convulsive and Related Disorders, Arch Neurol. and Psychiat., 55 164, February 5. Lennox, W G (1945), The Treatment of Epilepsy, Med. Clin North America, 29 1114, September. 6. Thorne, F C (1945), The Anticonvulsant Action of Tridiane Preliminary Report, Psychiatric Quart., 19 686, Oct 7. Lennox, W G (1945), Petit Mal Epilepsies Their Treatment with Tridione, J Amer Med Assn., 129 1069, Dec. 15 8. Lennox, W. G (1946), Newer Agents in the Treatment of Epilepsy, J Pediat., 29 356, Sept 9. De Jong R N (1946), Effect of Tridiane in Control of Psychomator Attacks, J Amer Med Assn., 130 565, Mar. 2 10. Perlstein, M. A., and Andelman, M B (1946), Tridione Its Use in Convulsive and Related Disorders, J Pediat., 29 20, July 11. Lennox, W. G (1946), Two New Drugs in Epilepsy Therapy, Am J Psychiat., 103 159, Sept 12. De Jong, R N (1946), Further Observations on the Use of Tridione in the Control of Psychomotor Attacks, Am J Psychiat., 103 162, Sept 13. Lennox, W G. (1947), Tridione in the Treatment of Epilepsy, J Amer Med Assn., 134 138 May 10 14. Rickles, N K., and Polan, C G (1947), Tridione Its Use in the Treatment of Epilepsy and other Neurafagic Disorders, Northwest Med., 46 375, May.

MIAMI SURGICAL COMPANY
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

J. K. ATTWOOD, Pharmacist

Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLIGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)



HOYE'S SANITARIUM

"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.
Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.
Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.
Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the
American Psychiatric Association

ANNOUNCEMENT

MEDICAL DISTRICT MEETINGS

The Chairman of the Council, Dr. W. Duncan Owens, has just announced that the dates of the four Medical District meetings have been officially set by the Council as follows:

Panama City, Monday, Oct. 27, 1947

Lakeland, Wednesday, Oct. 29, 1947

Ft. Pierce, Thursday, Oct. 30, 1947

St. Augustine, Saturday, Nov. 1, 1947

Every member of the Association is urged to make a note of these dates and make plans to attend the meeting in his district and any of the other three meetings as desired.

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
da Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, 1948
da Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Panama City, Oct. 27, 1947
Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	St. Augustine, Nov. 1, 1947
Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Lakeland, Oct. 29, 1947
Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	Fort Pierce, Oct. 30, 1947
rican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	
hern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
ama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham
gia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
da—			
ademy of Medicine	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
ction, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	St. Augustine, 1948
sic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, Nov. 1, 1947
ntal Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
rm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
alth Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
spital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
ospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
dustrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
edical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, 1947
edical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
edical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	Jacksonville
urology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
urses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
hthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
thological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
diatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
armaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
blic Health Association	Frank V. Chappell, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
adiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
berculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
heastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Atlanta, Ga., Mar. 8-11, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		13	100%	
A	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	56	54	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	2	
A	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
A	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
B	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	16	13	
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	41	39	A-2-49 Irby H. Black, M.D. Live Oak
B	Madison-Suwannee	Joshua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		10	100%	
B	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	175
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Wednesday 7:30 P.M.	32	28	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
B	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	218	208	
B	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	31	28	
B	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
B	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	100%	
B	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. R. Cafaro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	100%	
C	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	11	
C	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	20	17	B-4-49 Rahun H. Williams, M.D. Eustis
C	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	125	121	
C	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
C	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	52	47	537
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	133	100%	
C	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	16	100%	C-5-49 John M. Butcher, M.D. Sarasota
C	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	100%	
C	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	147	100%	
C	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrill Apts. Sarasota	2nd Tuesday 8:30 P.M.	25	24	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula	2nd Tuesday 8:00 P.M.	21	100%	
C	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Leon Bldg Fort Myers	3rd Tuesday 7:30 P.M.	20	13	C-6-48 James R. Boulware, Jr., M.D. Lakeland
C	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	74	70	449
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	84	80	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	19	100%	
D	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. First National Bank Bldg. Hollywood	4th Tuesday 8:00 P.M.	59	56	D-8-49 Russell B Carson, M.D. Ft. Lauderdale
D	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	416	403	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	9	588

*Supervise and aid until organized separately.

Total 1749

EDGEWOOD—A Sanatorium

Devoted
to the
Individual Care of
Mental and Nervous
Disorders

The EDGEWOOD

A distinctive institution . . . dedicated to the scientific diagnosis and treatment of mental and nervous disorders . . . in an atmosphere of congenial friendliness and picturesque charm.

Write for free illustrated booklet.



ORIN R. YOST, M.D.
Medical Director
Phone 47

Located on
Two Notch Road
Near
the Golf Course
and Polo Fields

AIKEN, SOUTH CAROLINA

1000 cc. flasks
500 cc. flasks
125 cc. flasks
for hospitals.



COUNCIL-ACCEPTED
AMIGEN
for parenteral administration of amino acids

The function of Amigen and Protolysate is to supply the amino acids essential for nutrition. Both can be given in place of protein when protein cannot be eaten or digested, or in addition to protein when the protein intake is insufficient. Administered in adequate amounts, they prevent wastage of protein, restore previous losses, or build up new body protein.

COUNCIL-ACCEPTED
PROTOLYSATE
for oral and tube feeding of amino acids

Like Amigen, Protolysate is an enzymic digest of casein and consists of amino acids and polypeptides. Like Amigen, Protolysate supplies the nitrogen essential for maintenance, repair and growth.

Unlike Amigen, which may be employed both orally and parenterally, Protolysate is designed only for oral use.



1 lb. cans at drug stores

MEAD JOHNSON & CO., EVANSVILLE 21, INDIANA

There is no shortage now of AMIGEN for parenteral use. There is no shortage now of PROTOLYSATE for oral use.

NEW YORK ACADEMY OF 2
MEDICINE
2 E 103RD ST
NEW YORK N Y 29

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV SEPTEMBER, 1947 No. 3

THE N.Y. ACADEMY OF MEDICINE
SEP 15 1947
LIBRARY

IN THIS ISSUE

Common Fungous Diseases Of The Skin
Wesley W. Wilson

The Manchester Operation In The Treatment Of Uterine Prolapse
C. J. Collins, Louis Pohlman, Gabriel Sanchez

Bromide Intoxication
William P. Logan

Mercy Deaths
An Editorial

Public Relations Program
An Editorial

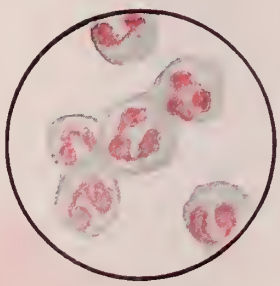
(Complete Table of Contents Page 124)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

SYMBOLS OF SIGNIFICANCE

"Laudable Pus?

Tyrothricin





The myth of laudable pus has long been shattered. As science advances, suppuration and the underlying pyogenic infection, exposed as major impediments to wound healing, become more amenable to control.

Now that TYROTHRICIN is available, wound contamination with gram-positive pathogens is still less likely to preclude early tissue repair. Streptococci, staphylococci, pneumococci and other gram-positive bacteria are inhibited by this highly potent, topical bactericide. TYROTHRICIN by irrigation, instillation and wet packs affords better antibiotic therapy to topical and accessible infection—in contaminated wounds, various types of ulcers, abscesses, osteomyelitis, and certain infections of eye, nasal sinus and pleural cavity.

TYROTHRICIN, Parke, Davis & Company, is one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics—MEDICAMENTA VERA

TYROTHRICIN is available in 10 cc. and 50 cc. vials, as a 2 per cent solution (20 mg. per cc.) to be diluted with sterile distilled water before use.

MEDICAMENTA VERA · P & CO.

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida

Price $5.00 a year. Single numbers, 50 cents

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association,
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS PAGE

Common Fungous Diseases of the Skin, Wesley W. Wilson, M.D., Tampa ... 151

The Manchester Operation in the Treatment of Uterine Prolapse, C. J. Collins, M.D., Louis Pohlman, M.D., Gabriel Sanchez, M.D., Orlando ... 155

Masculinizing Tumor of the Ovary, W. L. Jennings, M.D., Daytona Beach 160

Bromide Intoxication, William P. Logan, M.D., Lakeland ... 161

Hospital Case Reports ... 163

Editorials: Mercy Deaths; World Medical Association; Services to Aid Practicing Physicians; The Hospital Act and Your Community; Aid for Polio Victims; Inflation Versus Deflation; Public Relations Program ... 166

First 'Grass Roots Conference' Report, W. C. McConnell, M.D., St. Petersburg 169

Births, Marriages and Deaths ... 170

State News Items ... 171

Obituaries ... 173

Medical District Meetings ... 173

Schedule of Meetings ... 177

Component Societies by Medical Districts ... 178

BERGER and BEEBE LOUPES
for comfortable, accurate magnification

BERGER LOUPE



A lightweight, compact unit, the Berger Loupe possesses many desirable advantages. Simple adjustment features enable it to be fitted snugly yet comfortably to the facial contour, assure correct setting for individual PD requirements. Even when worn over glasses, it eliminates outside light interference.

Constructed of durable aluminum finished in japanned black, the Berger Loupe is fitted with sphero prism lenses set at the proper angle. Housing louvers afford ample ventilation.

Magnification of 2.5X. Produced to meet the most precise ophthalmic requirements.

BEEBE LOUPE



For those who have occasional need of magnified vision the AO Beebe Loupe answers the purpose conveniently, economically.

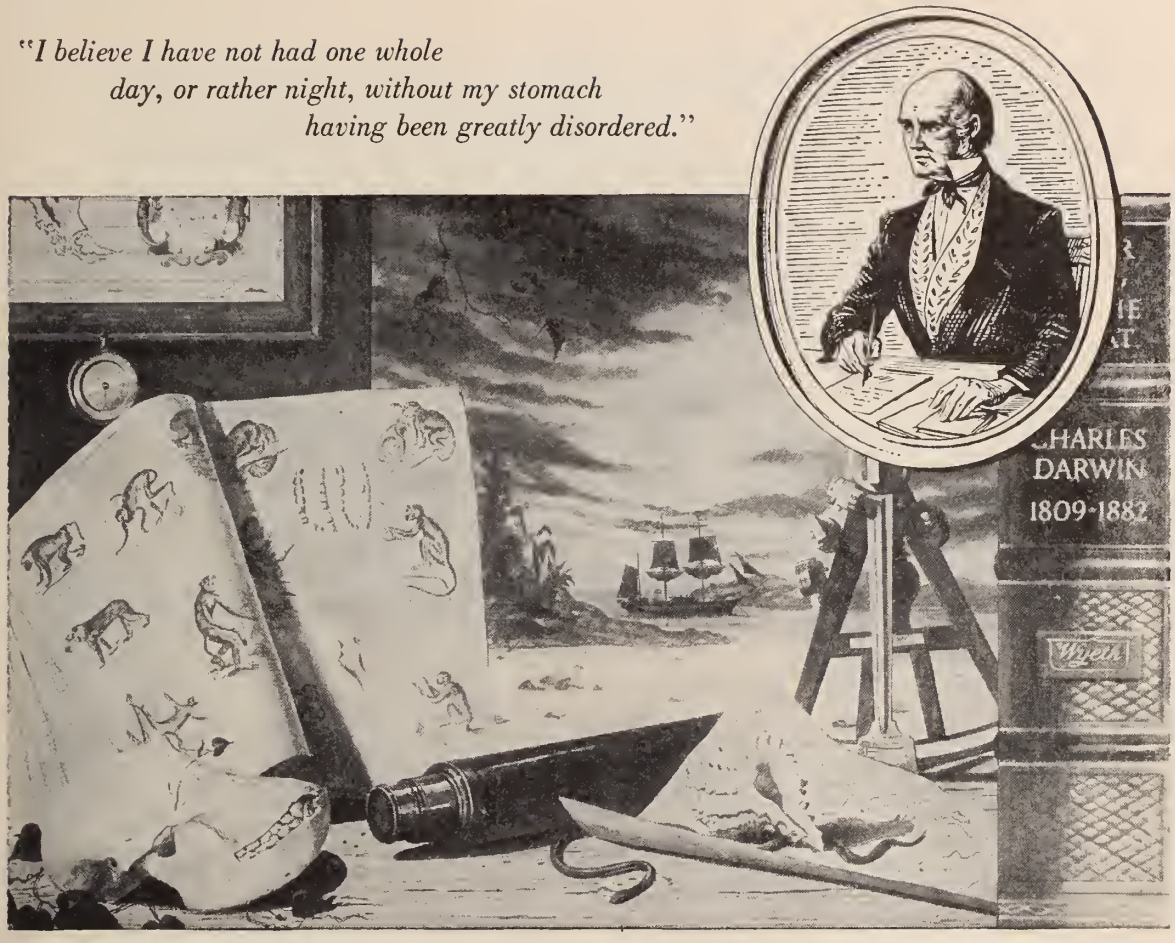
It consists of a comfortable cable temple frame with cells for corrective lenses. Easily adjustable in angle of convergence, the Beebe Loupe is especially effective in performing close work.

Magnifies 2 times. Need not be removed to observe other than examination objects.

Consult your nearest AO Branch Laboratory

American Optical COMPANY

"I believe I have not had one whole day, or rather night, without my stomach having been greatly disordered."



During the most productive years of his life, Charles Darwin was a victim of peptic ulcer.[1] His might be called the *average* case of peptic ulcer. Had modern medical understanding of ulcer treatment been available to him, his life could have been far more comfortable—and even more productive!

Proper use of an alumina gel antacid and an occasional sedative would doubtless have carried him through his most active years without suffering.

[1]*Rehfuss, M. E., The Ulcer Life, Clinics 3:480-493 (Oct.) 1944*

PHOSPHALJEL, Aluminum Phosphate Gel, Wyeth, is unexcelled in the treatment of "average" ulcer cases as well as in stubborn or complicated ones. It provides quick relief from pain . . . lays a protective coating over the inflamed mucosa . . . *safely* buffers gastric acidity with no danger of alkalosis or "acid rebound." Phosphaljel permits a liberal bland diet—patients are more contented during treatment, gain strength and weight more quickly.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

PHOSPHALJEL®

WYETH INCORPORATED Wyeth® **PHILADELPHIA 3, PA.**



Convenience is achieved and time saved through the use of National's "D-T-P" (Diphtheria-Tetanus-Pertussis Combined). These combined antigens are prepared from carefully standardized toxoids and bacterial vaccines which provide a maximum of activity in a minimum-dose volume. Alum precipitation, used in all combinations, produces more effective action in stimulating immunity response.

Diphtheria-Tetanus-Pertussis Combined is recommended for infants and pre-school children. Treatment consists of three subcutaneous injections at intervals of from three to four weeks.

Diphtheria
Tetanus
Pertussis COMBINED

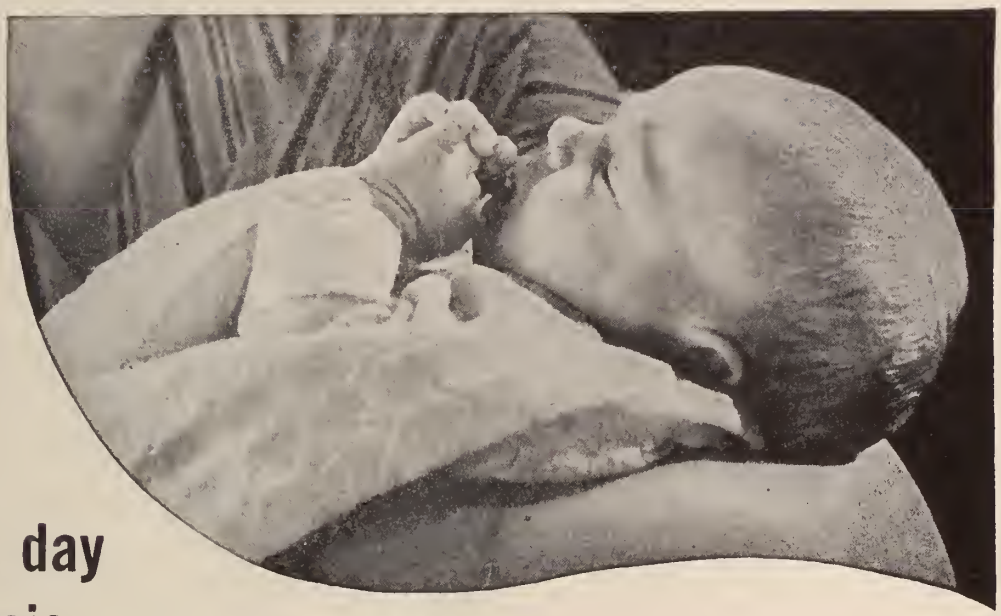
ALUM PRECIPITATED

Diphtheria-Tetanus-Pertussis Combined is available in multiple-dose vials.

NATIONAL DRUG COMPANY

THE NATIONAL DRUG CO. • Philadelphia 44, Pa.

PHARMACEUTICALS, BIOLOGICALS, CIOCHEMICALS FOR THE MEDICAL PROFESSION



30 day crisis

The first 30 days of life might be called a truly critical period since the greatest number of infant deaths—62.1%—occur during this time. The proportion of infants who die within the first month has, in fact, increased nearly 10% in the past 20 years, while infant mortality on the whole was substantially reduced.*

So much the greater, then, is the importance of providing the most favorable conditions for maximum health during this fatal first month. Considering the role nutrition plays in infant health, a good start on the right feeding warrants special attention.

'Dexin' has proved an excellent "first carbohydrate" because of its high dextrin content. It (1) resists fermentation by the usual intestinal organisms; (2) tends to hold gas formation, distention and diarrhea to a minimum, and (3) promotes the formation of soft, flocculent, easily digested curds. 'Dexin' *does* make a difference.

*Vital Statistics—Special Reports: Vol. 25, No. 12, National Office of Vital Statistics, Washington, D. C. (Oct. 15) 1946, p. 206.

'Dexin' Reg. Trademark

HIGH DEXTRIN CARBOHYDRATE **'Dexin'** BRAND

Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available Carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association.

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 East 41st St., New York 17, N.Y.



Eminent critic . . . . . dietary dub!

At meal time his renowned judgment deserts him. Eating only the food he likes, a choice of notably limited range, he thrice daily produces a burlesque on proper nutrition. Inevitably, this perennial first-nighter makes his entrance into some physician's reception room—the victim of a self-made, borderline vitamin deficiency. In the same cast, you will find other familiar types. Included in it are the ignorant and indifferent, people "too busy" to eat properly, those on self-imposed and badly balanced reducing diets, excessive smokers, food faddists and alcoholics, to name a few. First thought in such cases is dietary reform, of course. Along with that, a dependable vitamin supplement may well be in order. When you prescribe an *Abbott* vitamin product, you are assured that the patient will receive the full vitamin potencies intended. Your pharmacy carries a complete line of Abbott vitamin products in a variety of dosage forms and package sizes, and will be pleased to fill your prescriptions. ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS.

SPECIFY

Abbott Vitamin Products



chemically similar to natural estrogens

ESTINYL (ethinyl estradiol) is "chemically similar to natural estrogen."[1] It is more active orally than any other synthetic or natural estrogen known today. ESTINYL is the first estradiol preparation that is efficacious by mouth in really minute amounts. It provides the economy inherent in low dosage. Five-hundredths of a milligram daily is sufficient to relieve the average menopausal patient. ESTINYL, closely allied to the primary follicular hormone, does more than mitigate vasomotor symptoms. ESTINYL quickly relieves the common nervous manifestations and bodily fatigue, and replaces them with a sense of emotional and physical fitness.

ESTINYL

tablets

Average menopausal symptoms: One 0.05 mg. ESTINYL Tablet daily. Severe menopausal symptoms: Two or three 0.05 mg. ESTINYL Tablets daily. Many patients may be maintained in comfort with 0.02 mg. ESTINYL Tablet daily after initial control of estrogen deficiency.

Packaging: ESTINYL TABLETS of 0.05 mg.—pink, coated tablets and 0.02 mg.—buff, coated tablets, bottles of 100, 250 and 1,000.

1. Bickers, W.: Am. J. Obst. & Gynec. 51:100, 1946.

Trade-Mark ESTINYL—Reg. U.S. Pat. Off.

Schering CORPORATION
BLOOMFIELD, N. J.

SCHERING

FOR *Malaria* A NEW DRUG OF CHOICE

ARALEN diphosphate (SN-7618) — the new synthetic, colorless, antimalarial specific which has been thoroughly investigated under the auspices of the National Research Council—has been demonstrated to be a very efficient antimalarial It rapidly eradicates falciparum malaria and readily suppresses vivax malaria.

Only four doses administered over a three day period are required for the treatment of an acute attack: 4 tablets initially, 2 tablets after six to eight hours, and 2 tablets on each of two consecutive days. Aralen diphosphate is well tolerated. Being colorless it cannot cause skin pigmentation.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Tablets of 0.25 Gm., tubes of 10 and bottles of 100 and 1000 tablets.

Write for Informative Booklet

Winthrop CHEMICAL COMPANY, INC.

NEW YORK 13, N. Y. · WINDSOR, ONT.



Aralen diphosphate

Brand of chloroquine diphosphate

ARALEN, trademark reg.
U. S. Pat. Off. & Canada



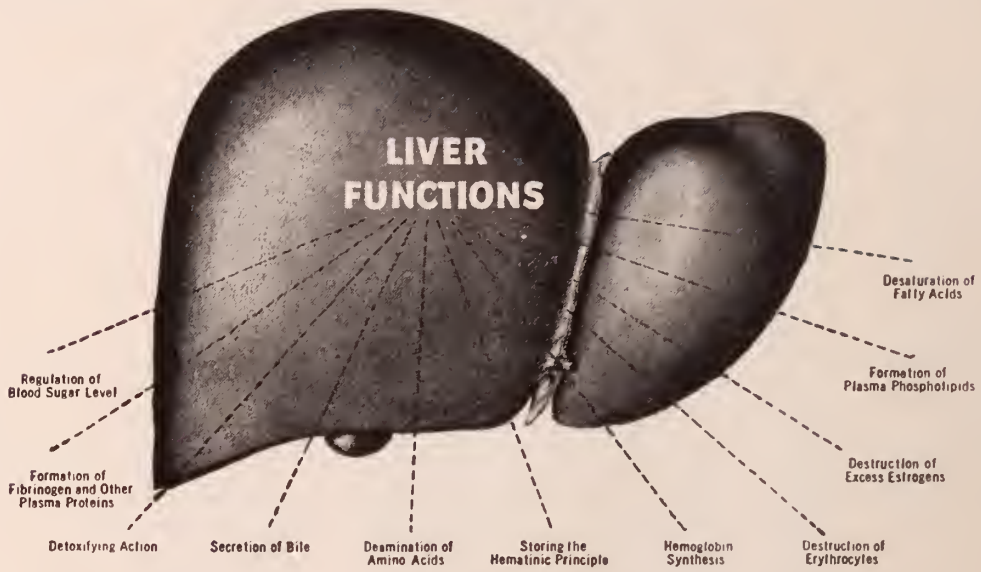
DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

For centuries the owl has symbolized great knowledge and superior wisdom. "Wise as an owl" was a quip of Caesar's time. The canny bird was sacred to Minerva, Roman goddess of learning and of science. The natural assumption was that the owl acquired wisdom from his patroness.

For many years, the familiar Rexall symbol has denoted excellent standards of pharmaceutical science. From coast to coast more than 10,000 selected, independent pharmacies display this sign. It assures you that fine, laboratory-tested Rexall drug products and skilled pharmacists are at your service.

Rexall
DRUGS
REXALL FOR RELIABILITY

REXALL DRUG COMPANY
LOS ANGELES, CALIFORNIA
PHARMACEUTICAL CHEMISTS FOR MORE THAN 44 YEARS



To Guard the Functional Integrity of the LIVER

The complex nature of the manifold functions of the liver is reflected in the diagram shown above. To maintain its functions in an efficient manner, the liver must be adequately protected against toxic influences. Parenchymatous damage with ensuing decreased functional capacity can lead to severe metabolic derangements.

Protein deficiency is an important factor in precipitating impaired liver function. Hence an adequate intake of biologically complete protein, ordinarily in the form of protein foods, is indispensable as a safeguard of liver competency.

Among man's protein foods, meat ranks high not only because of its generous content of protein, but also because its protein is complete, capable of satisfying all protein requirements. Furthermore, all meat is 96 to 98 per cent digestible.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

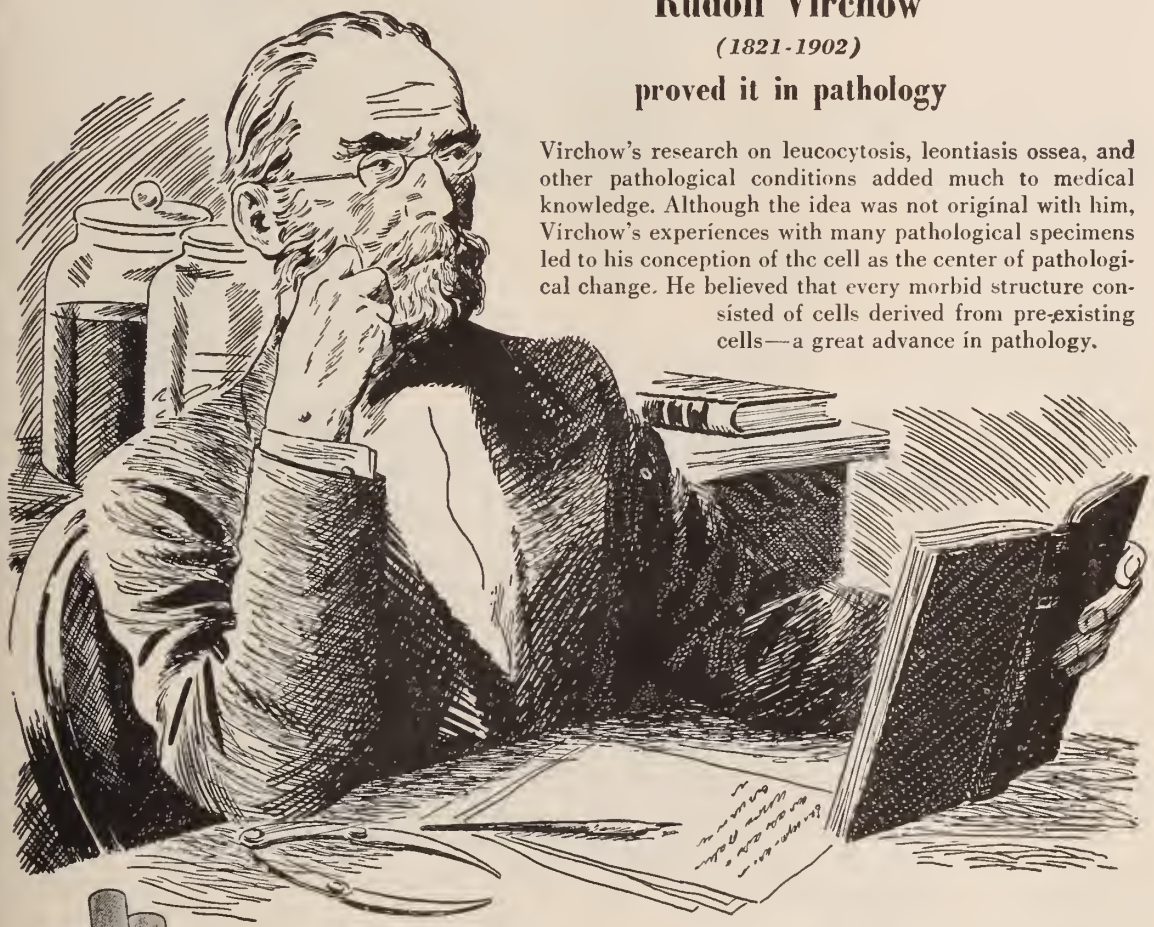
MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

Experience is the Best Teacher

Rudolf Virchow

(1821-1902)

proved it in pathology



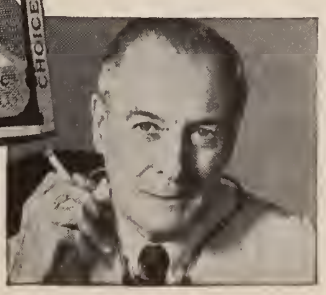
Virchow's research on leucocytosis, leontiasis ossea, and other pathological conditions added much to medical knowledge. Although the idea was not original with him, Virchow's experiences with many pathological specimens led to his conception of the cell as the center of pathological change. He believed that every morbid structure consisted of cells derived from pre-existing cells—a great advance in pathology.

Yes, and experience is the best teacher in smoking too!

EXPERIENCE during the wartime shortage taught smokers the differences in cigarette quality. Millions of people smoked more different brands then than they would normally have tried in years. More smokers came to prefer Camels as a result of that experience, so that today more people are smoking Camels than ever before.

But, no matter how great the demand, we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.





According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.



DESIGN

CAMP design is dedicated to meeting the physiological, surgical and maternity needs of the patient with the utmost in comfort and aesthetic appeal. Each specific design is further refined for the variety made necessary by the multiplicity of body builds and figure irregularities. The unique CAMP adjustment feature establishes a firm foundation about the pelvis as an "engineering" base for the distribution of regulated support. This makes it easy for the fitter to follow with precision the physician's recommendations for indicated firmness about the pelvis and controlled support of the abdomen, spinal column and gluteal region without pressure or compression.

CAMP ANATOMICAL SUPPORTS

Camp Anatomical Supports have met the exacting test of the profession for four decades. Prescribed and recommended in many types for prenatal, postnatal, postoperative, pendulous abdomen, visceroptosis, nephroptosis, hernia, orthopedic and other conditions. If you do not have a copy of the Camp "Reference Book for Physicians and Surgeons", it will be sent upon request.

S. H. CAMP & COMPANY • Jackson, Michigan • *World's Largest Manufacturers of Scientific Supports* • *Offices in* CHICAGO NEW YORK • WINDSOR, ONTARIO • LONDON, ENGLAND



FOR AN ACTIVE MIDDLE AGE

A "PLUS"

The "plus" is the gratifying "sense of well-being" so many menopausal patients experience following "Premarin" therapy. It is the intangible factor which, added to relief of distressing symptoms, enables the middle-aged woman to resume her normal routine of useful and enjoyable activities.

"Premarin" provides naturally occurring, conjugated estrogens for effective therapy by the oral route. Untoward side effects are rarely noted with "Premarin."

"Premarin" is now available as follows:

Tablets of 2.5 mg. . . . . in bottles of 20 and 100
Tablets of 1.25 mg. . . . . in bottles of 20, 100 and 1000
Tablets of 0.625 mg. . . . . in bottles of 100 and 1000
Liquid containing 0.625 mg. per 4 cc. (one teaspoonfull . . . in bottles of 120 cc.

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present as water-soluble sulfates. The water solubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

CONJUGATED ESTROGENS (equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40th STREET, NEW YORK 16, N.Y.



All prescriptions bearing the recognized name of "Borden" (pioneers in the field of nutrition) conform to the highest standards of biologic requirements, and are subject at all times to the most rigid controls of quality and purity.

for infants

BIOLAC — *a complete food* (when vitamin C only is added) — a contribution to optimum nutrition, because of high-protein, low fat, and added lactose content — reinforced with vitamins A, B_1, B_2 and D, and iron.

DRYCO — the *high protein food*, with intermediate carbohydrate content for formula flexibility, and low fat content — quickly soluble in cold or warm water.

for adults

GERILAC — a *powdered modified milk* for special dietary uses. A rich source of essential nutritive elements for pre- and postoperative cases, convalescence, pregnancy and lactation, soft and liquid diets, and for the aged. Palatable and easily digested; *only water required for dilution.*

for infants and adults

MULL-SOY — for your patients allergic to milk — a hypoallergenic soy concentrate with essential nutritional values of cow's milk; easily digestible, palatable, well-tolerated.

BETA LACTOSE— *milk's natural carbohydrate*, exceptionally palatable, highly soluble — for formula modification for infants, and corrective therapy in constipation in adults.

KLIM*— *spray-dried whole milk with soft curd properties*, invaluable when availability or safety of fresh milk is uncertain — readily soluble in cold or warm water. For infant feeding, and for peptic ulcer and other special adult diets.

**The nutritional statements of this advertisement are acceptable to the Council on Foods and Nutrition of the A.M.A.*

Available at all drug stores — complete information to physicians on request

Borden's PRESCRIPTION PRODUCTS DIVISION

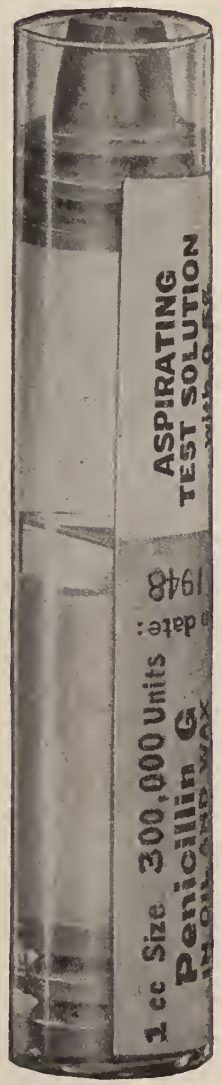
350 MADISON AVENUE • NEW YORK 17, N. Y.

New plastic cartridge

for

CRYSTALLINE PENICILLIN G SODIUM SQUIBB

in Oil and Wax



300,000 units in 1 cc. double-cell *plastic* cartridges for B-D* Disposable Syringes or in B-D* permanent syringes.

*T. M. Reg. Becton, Dickinson & Co.

You get these advantages with Squibb's New Double-Cell *Plastic* Cartridges for B-D* disposable or permanent syringes:

- New *Plastic* Cartridges minimize breakage hazards
- Sterile Aspirating Test Solution guards against accidental intravenous injection
- Crystalline Penicillin G Sodium Squibb in Oil and Wax at room temperature requires no heating
- Improved lubrication of stoppers further decreases breakage—speeds injections

CRYSTALLINE PENICILLIN G SODIUM

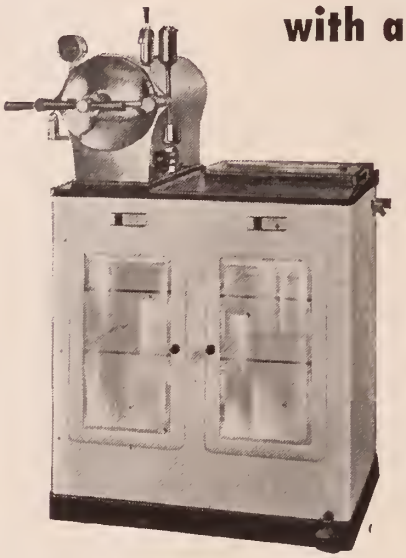
SQUIBB IN OIL AND WAX

NOW comes in the new *plastic* double-cell cartridge which minimizes breakage hazards.

One cell of the double-cell cartridge contains 300,000 units of crystalline penicillin G sodium in refined peanut oil and 4.8% bleached beeswax (Romansky formula). The other cell contains Sterile Aspirating Test Solution. Therapeutic serum concentration levels are maintained for 24 hours with a single injection. In overwhelming infections, the dose may be doubled but the frequency need not be. Ambulatory treatment is practical for many diseases formerly requiring hospitalization.

For real convenience in administering penicillin in the home, office or emergencies try Crystalline Penicillin G Sodium Squibb in Oil and Wax in the new *plastic* double-cell cartridge.

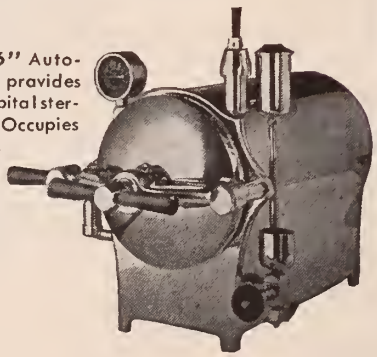
MAKE YOUR OFFICE SAFE and EFFICIENT with a *Castle* STERILIZER



Our complete line of Castle office sterilizers enables you to choose the one unit best suited to the required service in your office. We will be glad to consult with you in its selection.

***Castle* "669"** Instrument Sterilizer and Autaclave . . . ta meet every sterilizing requirement in an expanded practice. Standard 16″x 6″x 4″ instrument sterilizer.

***Castle* "673"** (nat shawn) . . . same as "669" but with free table space instead af autaclave, which can be added.



***Castle* "666"** Autoclave . . . pravides complete hospital sterilizing safety. Occupies little space, can be set an a table ar supplied with a stand (666-S).



***Castle* "95"** Instrument Sterilizer...ideal far routine service. Cast-In-Branze leakpraaf bailer, 13″x 5″x 4″, "Full-Automatic" control, ail check foat-lift.



Surgical Supply Company

Established 1916

T. EMMETT ANDERSON, Pres. & Gen. Mgr. FRANK E. COOPER JR., V Pres.

WHOLESALE DISTRIBUTORS OF HOSPITAL, LABORATORY, INSTITUTIONAL & PHYSICIANS EQUIPMENT & SUPPLIES, DRUG SPECIALTIES, CHEMICALS

FLORIDA AGENT MATTERN X-RAYS

JACKSONVILLE *TAMPA* *ST. PETERSBURG*


there's an
economical
alternative
BENADRYL may frequently afford an economical alternative to long journeys to expensive resorts in "pollen-free" areas.
It is now established that the symptoms of anaphylaxis are usually the result of an excessive amount of histamine in the tissues. By antagonizing this substance, BENADRYL frequently renders the patient free of the symptoms of allergy. From 25 to 50 mg. are usually sufficient to produce relief.
BENADRYL (diphenhydramine hydrochloride) is available in Kapseals® of 50 mg. each, in capsules of 25 mg. each, and as a palatable elixir containing 10 mg. in each teaspoonful.
ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION
Benadryl®
hydrochloride
PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN
MEDICAMENTA VERA

Designed to Assist the Patient



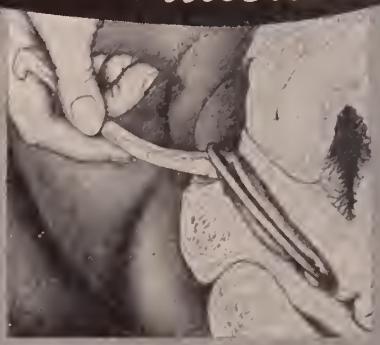
NO. 1 Beginning placement of diaphragm on introducer.



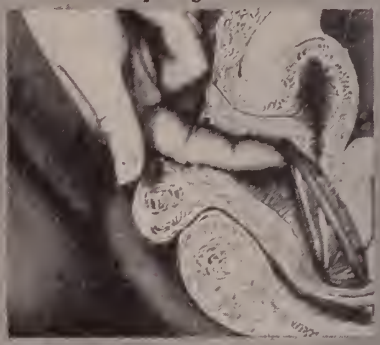
NO. 2 Diaphragm placed on introducer.



NO. 3 Application of jelly to diaphragm.



NO. 4 Beginning insertion of diaphragm.



NO. 5 Placement of diaphragm.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

The insertion and correct placement of the "RAMSES"* Flexible Cushioned Diaphragm are simplified by the use of the "RAMSES" Diaphragm Introducer as illustrated.

Our booklet, "Instructions For Patients", will be found helpful in guiding patients in the proper use of the "diaphragm-jelly technique". A supply will be sent to physicians on request.

TRADE MARK REG. U.S. PAT. OFF. Ramses DEPENDABILITY

gynecological division

JULIUS SCHMID, INC. 423 WEST 55th ST., NEW YORK 19, N. Y.

quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



Pyribenzamine

High-concentration Elixir Pyribenzamine hydrochloride now provides a second administration form of this proved antihistaminic. Containing 20 mg. of Pyribenzamine hydrochloride per 4 cc. (teaspoonful), the Elixir has obvious advantages in special cases, notably in infants and children, and in adults who prefer liquid medication.

Scored tablets of Pyribenzamine also facilitate small dosage when indicated—the 50 mg. tablets are easily broken to provide 25 mg. doses.

Council Accepted. PYRIBENZAMINE hydrochloride ® (brand of tripelennamine hydrochloride)

CIBA

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.

EDGEWOOD—A Sanatorium

Devoted to the Individual Care of Mental and Nervous Disorders

The EDGEWOOD

A distinctive institution . . . dedicated to the scientific diagnosis and treatment of mental and nervous disorders . . . in an atmosphere of congenial friendliness and picturesque charm.

Write for free illustrated booklet.



ORIN R. YOST, M.D.
Medical Director
Phone 47

Located on Two Notch Road Near the Golf Course and Polo Fields

AIKEN, SOUTH CAROLINA

RELIEF OF ALLERGY

PYRIBENZAMINE

WHENEVER ANTIHISTAMINICS ARE INDICATED



Acute Urticaria. Pyribenzamine effective in control of itching; gives relief ta about 80 per cent of all potients hoving acute urticoria.



Giant urticaria with large wheal farmatian. Pyribenzamine therapy reduces edema and formatian of wheals in mony of these patients.

The results of an accumulation of some 1,000 cases studied by 38 different investigators show that one of the greatest benefits of Pyribenzamine is in acute and chronic urticaria. An average of both types shows improvement in 76 per cent of all patients. Detailed information and samples of Pyribenzamine can be obtained by writing the Ciba Professional Service Division.

In the suggested list of clinical indications given below, Pyribenzamine has been used advantageously.

• • •

- Food, Drug and Serum Reactions
- Heat, Cold and Light Allergies
- Acute and Chronic Urticaria
- Angioneurotic Edema
- Vasomotor Rhinitis
- Atopic Dermatitis
- Dermographism

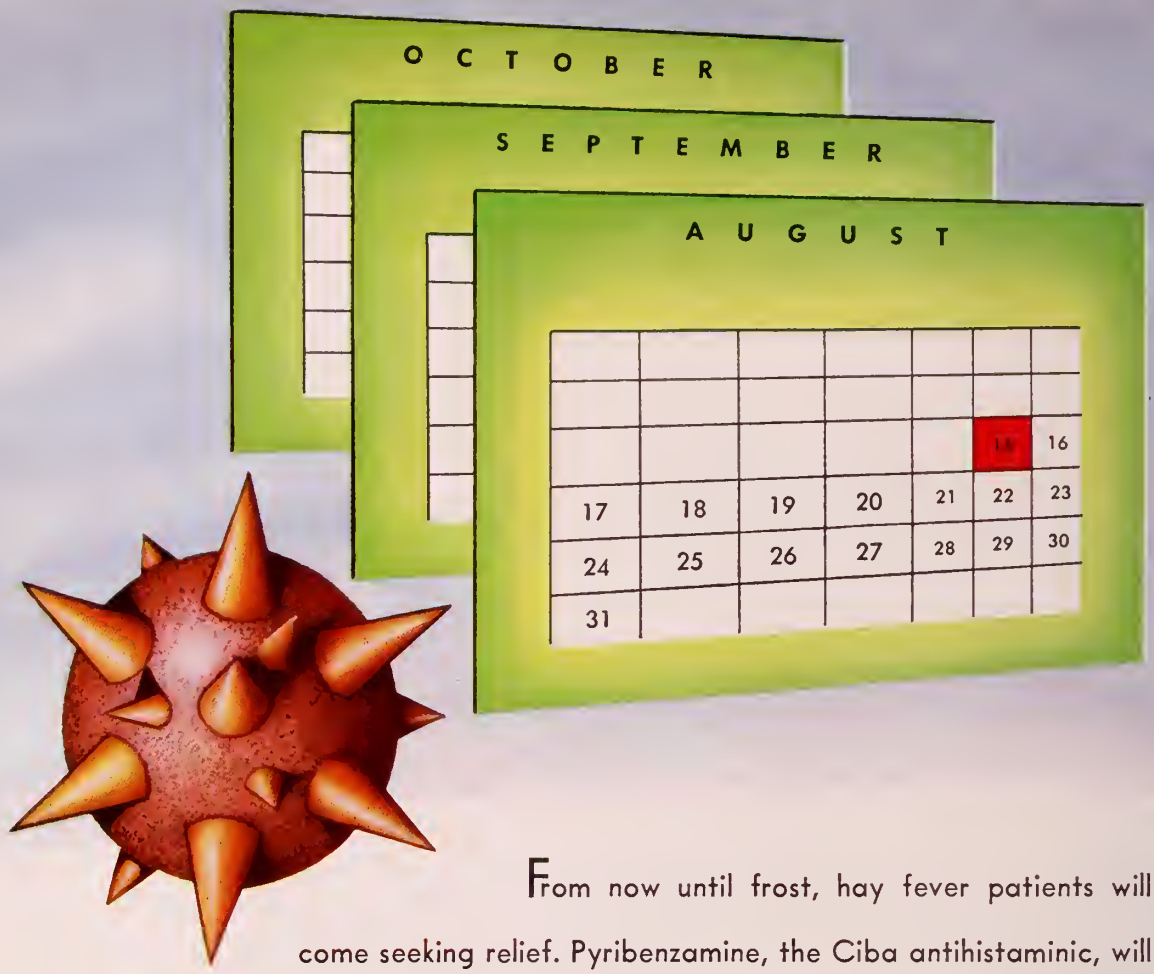
PYRIBENZAMINE

PYRIBENZAMINE ® (brand of tripelennamine)

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY



From now until frost, hay fever patients will come seeking relief. Pyribenzamine, the Ciba antihistaminic, will give benefit to a large percentage of them. In various series, from 62 to 85 per cent have been symptomatically relieved. For practical purposes, Pyribenzamine can be regarded as giving a comparatively low frequency and intensity of side reactions.

PYRIBENZAMINE HYDROCHLORIDE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Production and nation-wide distribution of Pyribenzamine have now been increased so that you can prescribe this drug for your hay fever and other allergic patients with assurance that your local pharmacist can supply it promptly.



SUPPLIED: Scored tablets of Pyribenzamine hydrochloride, 50 mg. Bottles of 50 and 500.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

2/1219



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS
$14,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

Medical Advertisement



From where I sit *by* Joe Marsh

Here's to the Women-Folk!

There's a line right up at the heading of the Woman's Column in my paper that reads:

"Women through the years have stood Keepers of the Flame . . ."

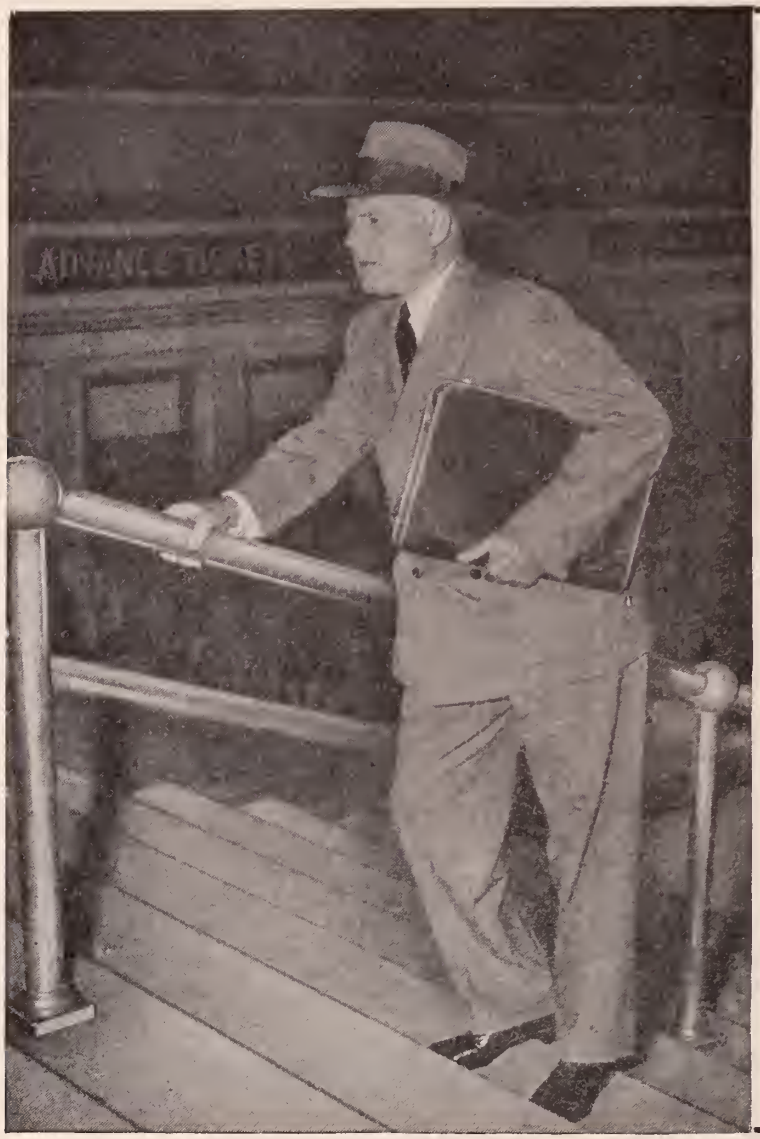
Easy to see what it means; whether it's the flame on the hearth, or the candle in the window, or the feeling of warmth that surrounds a home.

It's the women who are guardians of the things we cherish about home life —who are tolerant of ashes on the rug; the rings a glass of beer can leave on tables; or the comfortable, but too-worn, chair that we can't bear to throw away.

From where I sit, those little satisfactions become more important in this world of strife and change. Smoke rings curling from a mellow pipe; a glass of beer; a comfortable chair before the fire. And I'd like to salute the housewives—"Keepers of the Flame" —whose tolerance and understanding help preserve them!

Joe Marsh

Copyright, 1947, United States Brewers Foundation



ANGINA PECTORIS

and other Manifestations of

CORONARY INSUFFICIENCY

The following episodes may be prevented by appropriately regulated administration of a vasodilator having a *sustained* effect:

FOR THE PERSON

- *who is compelled to stop and rest when climbing a flight of stairs.*
- *who suffers "indigestion" and "gas" on exertion, or after a heavy meal.*
- *who is stricken with precordial pain on unusual exertion or emotion, or when exposed to cold.*

The vasodilatation produced by Erythrol Tetranitrate Merck begins 15 to 20 minutes after administration, and lasts from 3 to 4 hours.

It is generally agreed that the acute attack of anginal pain is most readily relieved by the prompt removal of the provocative factor, and by the use of nitrites. For prophylactic purposes—to control anticipated paroxysms—the delayed but prolonged action *of erythrol tetranitrate is effective. Erythrol tetranitrate, because of its slower* and more prolonged *action, is also considered preferable for the purpose of preventing nocturnal attacks.*

ERYTHROL TETRANITRATE MERCK

(ERYTHRITYL TETRANITRATE)

Council ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION *Accepted*

MERCK & CO., Inc. RAHWAY, NEW JERSEY

Manufacturing Chemists

MERCK MERCK MERCK

PROFESSIONAL MEN'S PROGRAM

A PLAN OF

INCOME PROTECTION WITH LIFETIME BENEFITS

Available to Eligible Members of the

MEDICAL - DENTAL - LEGAL Professions

Summary of Combined Benefits Provided in Policy Form UG 20 of United Benefit and PG 20 of Mutual Benefit

Monthly Benefit	Double Indemnity Benefits for Specified Travel Accidents	Accidental Death Benefit	Double Accidental Death Benefit for Specified Travel Accidents
$400.00	$800.00	$10,000.00	$20,000.00

SPECIFIC ACCIDENT BENEFITS

	Regular Indemnity	Specified Travel Accidental Death Benefit
Accidental Death	$10,000.00	$20,000.00
Loss of Both Hands	10,000.00	20,000.00
Loss of Both Feet	10,000.00	20,000.00
Loss of Both Eyes	10,000.00	20,000.00
Loss of One Hand and One Foot	10,000.00	20,000.00
Loss of Either Hand, Foot or Eye	3,000.00	6,000.00
Physician's and Surgeon's Fees, for nondisabling injuries	50.00	50.00

MONTHLY DISABILITY BENEFITS

Accident Benefits:

Total Disability, per month, to age 60	$400.00	$800.00
Total Disability, per month, after age 60	200.00	400.00
Partial Disability, per month	160.00	320.00

Nonconfining Illness incurred prior to age 60
Benefits payable up to age 61, per month $200.00
★Thereafter—even for a LIFETIME—per month ... 100.00

Nonconfining Illness incurred after age 60:
Benefits payable up to twelve full mos., per mo. ... 200.00
★Thereafter—even for a LIFETIME—per month ... 100.00

Confining Illness incurred prior to age 60:
Benefits up to age 60, per month 400.00
★Thereafter—even for a LIFETIME—per month ... 200.00

Confining Illness incurred after age 60:
Benefits payable—even for a LIFETIME—per month $200.00

ADDITIONAL BENEFITS
Hospital Benefits (either illness or accident), per month $200.00
Nurse's Benefits (if hospital confinement not required, per month 200.00

Features of this Plan

★ Covers all accidents except certain air travel accidents.
★ Covers all illness except venereal disease and insanity,
★ Benefits payable for any injury incurred while flying as a fare-paying passenger in a scheduled aircraft.
★ Waiver of Premium Provision.
★ No reduction in benefits because of occupational change of duties.
★ Nonaggregate—full limit of benefits paid for each disability.
★ Double Limb Loss Benefits may be paid in one lump sum or in monthly installments for life provided total disability is incurred.
★ Partial disability, Hospital and Nurse's benefits payable up to three months.
★ No Automatic Termination Age.
★ Pays disability benefits regardless of whether disability is immediate.
★ Pays disability resulting from accidental bodily injury the means or the act causing the injury is not a determining factor in the claim.
★ The Companies offer eligible members of your profession policies which guarantee your right to renew except for three reasons only: Nonpayment of premiums; if the insured leaves the practice of the profession; or, if renewals are declined on all like policies issued to members of your profession in your state. This means that the Companies cannot decline to renew any individual policy without similarly declining to renew all like policies issued to members of your profession in your state.

Address:
Professional Department
Room 511
Pan-American Bank Bldg.
Miami, Florida

Please send complete information relative to program as offered in the Florida Medical Journal.

Name _____

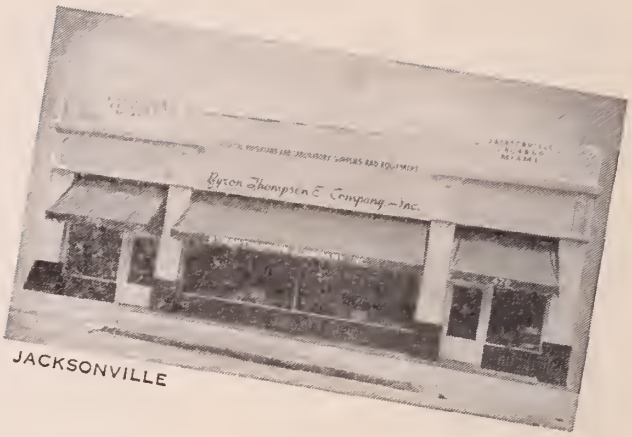
Address _____

Age _____

MUTUAL BENEFIT HEALTH AND ACCIDENT ASSOCIATION OMAHA

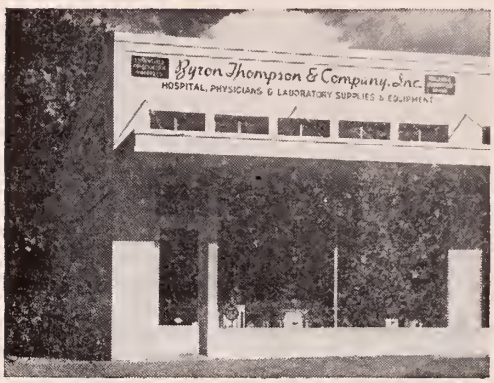
UNITED BENEFIT LIFE INSURANCE COMPANY OMAHA

We couldn't have done it



JACKSONVILLE

. . . without the help of our friends!



ORLANDO



MIAMI

THESE friends of ours — the physicians, hospitals, laboratories, institutions and industrial medical departments are an asset of our business that cannot be evaluated, and . . .

It's good will and friendly patronage that's made us, in three short years, the largest distributors of medical and surgical supplies in the South.

Every day, in every way, we're trying to make new friends out of customers by meeting their needs for supplies and rendering a service they can remember as being expert and highly satisfactory, so . . .

If you are a prospective customer let us show you what we can do for you that will make you our friend.

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND
LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

MIAMI • JACKSONVILLE • ORLANDO

LARGEST DISTRIBUTORS OF MEDICAL & SURGICAL SUPPLIES & EQUIPMENT IN THE SOUTH

Doctor—Judge

PHILIP MORRIS suggests *you* judge . . . from the evidence of your own *personal* observations . . . the value of PHILIP MORRIS Cigarettes to your patients with sensitive throats.

PUBLISHED STUDIES* SHOWED WHEN SMOKERS CHANGED TO PHILIP MORRIS SUBSTANTIALLY EVERY CASE OF THROAT IRRITATION DUE TO SMOKING CLEARED COMPLETELY, OR DEFINITELY IMPROVED.

But naturally, no published tests, no matter how authoritative, can be as completely convincing as results you will observe for yourself.



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, NEW YORK, N. Y.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154.*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60.

TO THE DOCTOR WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



NO MEDALS – *But...*

No dairy company, as yet, has been awarded such a high honor as the Nobel Prize. Yet there is no more vital task than improving the quality and safeguarding the purity of America's milk supply.

We are proud to share in this position of trust . . . proud to supply milk of such fine quality, purity and nutritional value as Sealtest Vitamin D Homogenized Milk.

Southern Dairies

Sealtest
VITAMIN 'D'
HOMOGENIZED MILK

THE MEASURE OF QUALITY

Tune in the Sealtest Village Store, Thursday Evenings, NBC

ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

for use in control of overweight—

Benzedrine Sulfate has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association

According to Freed (J. A. M. A., Feb. 8, 1947), "Benzedrine Sulfate . . . is of inestimable value in controlling the desire for food and in reducing the level of satiability to a more normal one. This drug is commonly administered in dosages of 5 mg. three times a day, thirty to sixty minutes before each meal. Occasionally patients will require 10 mg. at one or more times during the day, depending on their response to the drug."

The use of Benzedrine Sulfate alone ordinarily should achieve the desired appetite reduction. Combinations of amphetamine and thyroid serve no useful purpose and may even be dangerous. In this connection, a recent report of the Council (*Drugs for Obesity*, J. A. M. A., June 7, 1947) says: "The fallacy and dangers of overstimulating the body with thyroid and of using laxatives to aid in reduction are well known to the medical profession."



benzedrine sulfate

Smith, Kline & French Laboratories, Philadelphia

(*racemic amphetamine sulfate, S.K.F.*)

One of the fundamental drugs in medicine

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIV Jacksonville, Florida, September, 1947 No. 3

COMMON FUNGOUS DISEASES OF THE SKIN

WESLEY W. WILSON, M.D.
TAMPA

The relatively recent increase both in number and gravity of the cutaneous mycoses has focused the attention of the medical profession as well as that of the lay public on the problem.

The human skin constitutes good culture medium for certain forms of lower plant life, namely, some of the molds and a few yeasts. The organism grows and multiplies in the devitalized portion of the skin and elaborates an allergen. The epidermis reacts to the allergen as to any external or internal irritant, the degree of the reaction depending on the degree of sensitivity of the skin and the type of organism. The reaction to fungi of animal origin is apt to be more intense than the reaction to those which are the usual cause of human fungous infection. Heat and moisture make the skin especially favorable to the spread of certain types of dermatomycoses and account for their increased prevalence in summer. Persons who perspire a great deal are more likely to suffer from fungous infection, and certain recent studies have demonstrated that in those who excrete an excess of sugar in the sweat dermatomycosis is more prone to develop. In diabetic patients, especially women, dermatomycotic infection tends to develop about the genitalia.[1]

Sensitivity varies a great deal, and this variation accounts for the finding of pathogenic organisms in the skin of some persons who have no clinical signs of the infection. Others show a certain amount of vesicular change throughout the year, especially in the summer, and yet others may react to the same organism with a violent oozing eczematous eruption. In fact, the clinical picture produced by fungi is so varied that there has been a deplorable tendency in the past to diagnosis any intertriginous determatoses between the toes or in the groin as ringworm or to designate all chronic recurrent vesicular eruptions of the hands and feet as mycotic. Much harm has been done by the indiscriminate use of fungicides in nonmycotic dermatoses. It is my aim to make a "ringworm-conscious" profession less so by stressing the importance of microscopic investigation as an indispensable necessity in every suspected case.

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

CLASSIFICATION

The diseases due to fungi may be classified into the following groups:

1. Primarily cutaneous mycoses usually with no definite systemic involvement: the dermatomycoses.

2. Primarily cutaneous and/or mucous membrane infections with frequent systemic involvement: moniliasis, blastomycosis, sporotrichosis, actinomycosis.

3. Primarily systemic infections with infrequent cutaneous or mucous membrane involvement: coccidioidomycosis, torulosis.

DERMATOMYCOSES

The dermatomycoses are cutaneous diseases (trichophytosis, epidermophytosis, microsporosis) produced by various kinds of hyphomycetes, a subdivision of the vegetable organisms generally known as fungi. They are filamentous plants of simple cellular structure. Possessing no chlorophyll, they are unable to assimilate the carbon dioxide from the air for synthesis of carbohydrates and must therefore obtain them from organic matter, thus depending upon parasitic or saprophytic existence. Structurally, fungi are composed of two distinct parts, a vegetative portion, or mycelium, and a reproductive portion, usually consisting of rounded cells called spores. The mycelium is devoted to the acquisition of food and consists of fine filaments or threads known as hyphae. The size, form and arrangement of the hyphae vary considerably and thus furnish distinguishing features for identification of the different species of fungi. The spores are masses of protoplasm surrounded by thin walls. They multiply by budding or may give origin to hyphae which en masse constitute mycelium.

DIAGNOSTIC PROCEDURES

DIRECT EXAMINATION.—This method consists in mounting specimens of skin, hair scrapings, pus or exudate, usually in 10 per cent potassium hydroxide, and examining them under the microscope.[2]

CULTURE METHOD.—Material containing fungi, if planted on suitable culture mediums, yields characteristic colony growths. In many instances the identification of species can be satisfactorily established in this way alone. Microscopic examination from cultures serves as a further means of identification.

FILTERED ULTRAVIOLET RADIATION.—The phenomenon of fluorescence may be used in the examination of patients to determine the presence of tinea capitis or of tinea versicolor. It may also be used in the study of fungous colonies.

INTRACUTANEOUS TEST WITH TRICHOPHYTIN.—It has been found that when the trichophytin test is employed as part of a thorough study of a case, including clinical and other laboratory examinations, it is a valuable aid both in diagnosis and in prognosis. It has been said that the test cannot be useful in diagnosis since it simply denotes sensitization to a dermatophyte which may have occurred at a previous time and thus has no significance in connection with a given eruption.

CLINICAL CHARACTERISTICS

The commonest fungous diseases of the skin are the superficial mycoses, dermatophytosis and moniliasis. Trichophyton gypseum and T. purpureum are the most frequently reported causative fungi; Epidermophyton inguinale and other fungi are found less often. Over the body fungous infection may be characterized by one or more pea-sized, circular, circumscribed, slightly erythematous, dry, scaly patches. These may not be raised above the level of the skin, but usually are slightly elevated, particularly at the border. This is usually more inflamed and more scaly than the central portion of the patch, which may appear unaffected to the naked eye. An annular outline is thus produced, and the ring (ringworm) may extend peripherally to a diameter of several inches.[3]

Over the soles of the feet in some cases deep-set, tense vesicles may appear, especially on the insteps. These may be irritated mechanically by scratching, by increased perspiration and by over-treatment. When the infection is located in the groin, there is a diffuse erythema in the intertriginous areas adjacent to the scrotum, and there is an elevated border along the edges of the involved areas. Often the infection spreads to the nails, and when it occurs there, it begins along the free margin of the nail, or at the sides; a grayish or dark accumulation of scale and debris lifts the nail away from the nail bed.

The clinical picture of dermatophytosis is frequently complicated by various developments. When the vesicles are punctured or ruptured by scratching, often cellulitis and lymphangitis develop. Allergic "id" reactions may occur on distant parts due to hematogenous transmission of fungous toxins. The most common site for dermatophytid is the hand. There the lesions occur as large, deep, tense vesicles on the palms. Occasionally, dermatophytids may be generalized and may take the form of lichenoid lesions, eczematous or psoriasiform patches, erythema multiforme-like lesions or urticaria. Often the development of the "id" reaction is initiated by too zealous treatment of the original infection of the foot.[4]

Moniliasis is an infection of the skin caused by a yeastlike fungus, Monilia albicans. Clinical manifestations appear as erosio interdigitalis, intertriginous moniliasis, generalized cutaneous and oral moniliasis, perleche, monilial onychia and paronychia, and moniliid.[5] See figure 1.

There are few infections of the skin in which the role of systemic derangements is as apparent as it is in certain cases of so-called moniliasis. Diabetes, obesity, vitamin deficiencies and other general disturbances can be proved to be determining factors in certain cases, and doubtless there are persons with certain inborn constitutional susceptibilities to monilia infections.[6a]

Tinea capitis or ringworm of the scalp is characterized by loosening and partial loss of scalp hair in patches, breaking off of the infected hair, which loses its luster, and inflammation varying in degree from fine, branny scaling in some cases to phlegmonous localizations in others.[4]

The two types most commonly observed are the "animal type," Microsporon lanosum, and the human type, Microsporon audouini. The source of infection for the "animal type" of ringworm of the scalp is usually the cat or the dog, more commonly the cat. Ringworm of the scalp occurs in children before and up to adolescence. More than twenty years ago an investigation during an epidemic of tinea capitis showed that combs, brushes, interchanging of caps, and barber shops were responsible for the spread from one child

to another.[7] Recently there have been numerous epidemics of ringworm of the scalp; one in Maryland reached the proportion of 600 cases in a single city.[8]



Fig. 1.—*Moniliasis of the skin. Generalized cutaneous type of lesions with systemic involvement. Note the perleche at the angles of the mouth and the typical pustular and crusting lesions of the forehead and chest.* (*Expression of thanks to Dr. William H. Walters, Jr., for assistance in studying this case.*)

TREATMENT

In cases of mild intertriginous infection, use of antiseptic dusting powders, such as borated talc with the addition of 2 per cent salicylic acid, or mild tincture of iodine may be effective. In acute vesicular cases, great relief may be obtained by removing the tops of the vesicles with scissors and applying continuous cold wet dressings of 1:4,000 aqueous solution of potassium permanganate or solution of aluminum acetate. When the acute stage has subsided, stronger measures may be introduced. Foot baths of potassium permanganate may be continued, and keratolytic agents such as diluted ointment of benzoic acid and salicylic acid may be applied. Mild tincture of iodine may be used, or any of the dyes recommended as fungicidal agents, such as 2 per cent gentian violet solution or Castellani's paint.

In the treatment of superficial fungous infections of the skin, the advantage of undecylenic acid and propionic acid and their salts over the older remedies is not a higher incidence of cures but the excellent therapeutic index of the fatty acids, namely, their high degree of efficacy in relation to their almost negligible irritancy.

In prophylaxis of superficial fungous infections of the skin, the advantages of the fatty acid preparations are even greater. Ointments are not suitable for prophylaxis, because nobody wants to smear his feet daily with grease or cream. Powders are most suitable for this purpose. Of the various types of prophylactic powders tested in large series of volunteers by Sulzberger, Shaw, and Kanof, the fatty acid powders, and particularly an undecylenic acid, zinc undecylenate powder, were found to be the most effective.[6b]

In the local treatment of monilial infections of the skin and nails a 1 per cent solution of gentian violet is helpful. Roentgen therapy is beneficial, especially in paronychia, Ammoniated mercury ointment (3 to 5 per cent) is often effective.[4]

In the treatment of tinea capitis, or ringworm of the scalp, the cure by topical application has been made possible by the introduction into medicine of powerful fungicides, long used by industry as antimildew agents, synthetic detergents and surface activating agents, and of penetrants also used in industry for carrying dyes into textiles. The object of epilation, by whatever means, is to remove the infected hairs and to leave the follicle open so that the fungicides can enter and destroy the fungi in the sides and bottoms of the follicle and prevent infection of the new-growing hairs.

Epilation may be accomplished by roentgen therapy. This should be given only by a person with experience and knowledge of the dangers from incorrect dosage.

Clipping the hair close to the scalp removes much of the infection and permits the fungicides to be applied thoroughly to the scalp. The ointment bases contain wetting agents, many of which are also fungicides. These agents enable the fungicides to enter alongside the hair into the follicle and actually bring the fungicides into contact with the fungus.

Recently great success has been achieved in the use of 5 per cent salicylanilide in carbowax for

the local treatment of tinea capitis. Other effective local applications have been copper undecylenate and propionic acid.[9a]

As the disease is spread by infected hairs, the following procedures are recommended: the hair of the child should be closely clipped; caps should be worn; barbers should sterilize their implements after cutting the hair of the noninfected child and should not cut the hair of any known infected child; mothers should be instructed to shampoo the hair of the child thoroughly after each haircut. By these measures the chances for the spread of infection are greatly reduced.[9b]

If the source of the infection is from a pet, such as a cat or dog, as it often is, the animal should also be treated.

SUMMARY AND CONCLUSIONS

Fungous infections of the skin are one of the greatest causes of disability. The following truths are now widely accepted.

1. Heat, moisture, maceration, friction and immunologic susceptibility (allergy to fungous products) are among the eliciting factors in most acute attacks.

2. Treatment cannot be based on laboratory findings of fungicidal or fungistatic activity of a medicament, but depends on the logical dermatologic principles of local therapy of the lesions.

3. Prevention of attacks is founded on prevention of friction, moisture and maceration, and on the acidification of intertriginous areas rather than on the killing of fungi.

4. Strong remedies and overtreatment often cause more trouble than the original disease.

5. Fungous infections of the feet are often combined with or complicated by a variety of other skin conditions.[6c]

6. Ringworm of the scalp is cured only by persistent efforts on the part of both the physician and the parent of the child, and cure is determined only after careful examination with a Wood light shows no fungi to be present.

REFERENCES

1. Becker, S. W., and Obermayer, M. E.: Modern Dermatology and Syphilology, ed. 1, Philadelphia, J. B. Lippincott Company, 1940.
2. Lewis, George M., and Hopper, Mary E.: An Introduction to Medical Mycology, Chicago, The Year Book Publishers, Inc., 1939.
3. Andrews, G. C.: Diseases of the Skin for Practitioners and Students, ed. 3, Philadelphia, W. B. Saunders Company, 1946.
4. Caro, M. R.: Fungous Infections of the Foot, J. A. M. A. 124:751-756 (Mar. 18) 1944; cited by Sulzberger, M. B.: 1944 Year Book of Dermatology and Syphilology, Chicago, The Year Book Publishers, Inc, 1945.
5. Bechet, P. E.: Cutaneous Moniliasis, New York State J. Med. 43:2065-2068 (Nov. 1) 1943; cited by Sulzberger, M. B.: 1944 Year Book of Dermatology and Syphilology, Chicago, The Year Book Publishers, Inc., 1945.
6. Sulzberger, M. B., and Baer, R. B.: (a) 1944 Year Book of Dermatology and Syphilology, Chicago, The Year Book Publishers, Inc, 1945; (b) Treatment and Prophylaxis of Superficial Fungous Infections of the Skin by Undecylenic and Propionic Acid, 1945 Yearbook of Dermatology and Syphilology, Chicago, The Year Book Publishers, Inc., 1946; (c) Fungous Infection of the Foot, 1944 Year Book of Dermatology and Syphilology, Chicago, The Year Book Publishers, Inc., 1945.
7. Sutton, R. L.: Diseases of the Skin, ed. 7, St. Louis, The C. V. Mosby Co., 1928; cited by Schwartz, L.[9b]
8. Ringworm of the Scalp Epidemic Stopped, Government Services. J. A. M. A. 127:869 (Mar. 31) 1945.
9. Schwartz, L.: (a) Personal communication, April 11, 1947; (b) Progress in Fungous Disease Therapy, The Journal-Lancet (Minneapolis) 67:56 (Feb.) 1947.

1122 Citizens Building.

DISCUSSION

DR. LAUREN M. SOMPAYRAC, Jacksonville: I believe that Dr. Wilson has covered the high points of this big subject very well in the short time alloted him.

In view of the epidemic of ringworm of the scalp over the nation and knowing that Florida has not escaped, I should like to emphasize a few points in the attempt to control this disease. As this is a public health problem, it is my belief that the responsibility for coping with the situation should rest upon the Public Health authorities, with the wholehearted cooperation of the local medical profession. Even so, its control will require several years if it is anything like similar epidemics in Europe.

Some of the Public Health authorities in this state have already instituted control measures. Periodic inspection of barber shops and finding the infected cases at school by Wood's filter light with appropriate treatment can accomplish a great deal. One of the greatest handicaps in the treatment is the fact that cure usually requires months, which taxes the patient and the parents.

In an effort toward prevention, I would suggest that children wear caps in the theaters to prevent contact of the head with the back of the seats. Not only should the shampoo follow a haircut, but a mild fungicidal ointment applied after drying the hair is a valuable prophylactic measure.

It is well known that during World War II one of the most disabling dermatoses was the mycotic infection. The return to civilian life, however, and popularity of several of the newer fungicides, which do not produce much irritation, promise reduction of this disability.

DR. WILEY M. SAMS, Miami: Difficulty in the treatment and management of fungous infections of the scalp and other parts of the body where such conditions are more common, is frequently encountered because both the physician and the patients lack a proper conception of the cause of the disease and of the prognosis. In my practice I do not have the opportunity to follow up and complete treatment on many of these patients. It is necessary, in the beginning, to inform the parent who has a child with ringworm of the scalp, that the child cannot, in most cases, be cured in less than three months, and that in many cases cure requires from four to six months. This prognosis can be offered in those cases showing some inflammatory reaction, if the history suggests that the infection was acquired from a cat or dog. On the other hand, with the epidemic type of infection, which is more frequently seen in the Northern part of the country, and which has been widely reported in the lay press, it may require all of six months, and sometimes much longer, to effect a cure. A fairly large number of the patients require roentgen ray epilation. Even with this modality, a considerable amount of local therapy and epilation of infected hairs is necessary to eliminate this type of fungous infection. The seemingly miraculous response which occasionally is obtained with roentgen therapy of some fungous infections, almost never occurs in the treatment of these stubborn infections on the scalp. Even an epilating dose does not cure an infection of the scalp, but it does make it possible to treat more adequately the infected areas and eliminate infected hairs.

The common type of vesicular eruption which occurs from time to time with warm weather, can be objectively cured with many local applications. It is cured in so far as the patient is concerned, yet the spores remain to produce a subsequent exacerbation when the next warm spell occurs, when the patient perspires excessively, or perhaps when his feet are wet on his next hunting trip. The patient expresses his dissatisfaction with known methods of treatment by a continual hunt for some preparation which will "kill it," or he confronts his physician with a demand that he be cured. As the patient puts it, he wants to "get to the bottom of the problem," and the bottom is elusive and not yet fully explored. Recurrences and exacerbation are the rule rather than the exception.

The fungicidal preparations offered to date do not furnish the answer to the problem. Recent success in the control of some stubborn infections has been achieved by using preparations which alter the local soil on which the organism grows, in order to afford it a less desirable environment. This method of approach has received considerable investigation in the last few years and has yielded several worthwhile preparations for the control of common, and ofttimes intractable, fungous infections. Although in many of the cases the condition is apparently cured, it is unwise to refer to a cure in such cases until a period of months, and sometimes several years, has elapsed without recurrence.

Dr. Wilson, concluding: I wish to thank Dr. Sams and Dr. Sompayrac for their pertinent remarks regarding this subject, which I think is interesting, timely and important in the everyday practice of medicine.

It is worthwhile to reemphasize that in the control of the animal type of fungous infection of the scalp, it is absolutely necessary to take care of the animal, which is the source of the infection. The increasing number of cases of ringworm of the scalp indicates that the physicians treating children should especially be on guard to detect this type of infection, as its detection aids not only in the diagnosis but also in the control of the disease.

MEDICAL DISTRICT MEETINGS

The Chairman of the Council, Dr. W. Duncan Owens, has just announced that the dates of the four Medical District meetings have been officially set by the Council as follows:

Panama City, Monday, Oct. 27, 1947
Lakeland, Wednesday, Oct. 29, 1947
Ft. Pierce, Thursday, Oct. 30, 1947
St. Augustine, Saturday, Nov. 1, 1947

Every member of the Association is urged to make a note of these dates and make plans to attend the meeting in his district and any of the other three meetings as desired.

THE MANCHESTER OPERATION IN THE TREATMENT OF UTERINE PROLAPSE

C. J. COLLINS, M.D., LOUIS POHLMAN, M.D., and GABRIEL SANCHEZ, M.D.

ORLANDO

If the question were asked "What operation is ideal for the treatment of uterine prolapse?" the answer must necessarily be "None." The reason for this reply is that many factors are involved in the selection of the best operation for the correction of this condition. Some of these factors may be stated as the age of the patient, her status as to surgical risk, the degree of prolapse, the condition of the cervix, the extent of the vaginal relaxation, the adequacy of the tissues, the intrinsic disease of the uterus and adnexal structures, the necessity of preserving the marital relationship, the desirability of conserving the menstrual function and the wish of the patient for more children. There will probably be little argument today that, with the exception of two of these factors, namely, certain intrinsic diseases of the uterus and adnexal structures not adaptable to vaginal extirpation and the desire for additional children, the ideal operation for the cure of uterine prolapse is by the vaginal route. In the young woman who wishes more children, the combined operation, vaginal plastic with some type of intra-abdominal suspension, still has its indication. The operation is done with the knowledge that it is anatomically incorrect and will eventually be followed by recurrence in a fairly large number of cases. Interest in the vaginal approach to the treatment of uterine prolapse has progressively increased in the United States during the last two decades. This has been brought about by a better understanding of the true supports of the uterus, also by the influence of the British school of gynecologists, abetted in this country by such pioneers as Frank,[1] Counseller,[2] Watkins,[3] Maier and Thudium,[4] and Gordon.[5a]

In order to justify the statement that the correct treatment of uterine prolapse is by the vaginal route, a brief discussion of the true supports of the uterus is necessary. It is generally acknowledged that the round and broad ligaments contribute nothing to the support of the uterus. This organ is maintained in its normal station in the pelvis by two sets of structures, one holding

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

and the other supporting. The holding structures consist mainly of the bases of the broad ligaments through which traverse broad fasciomuscular bands, extending from the lateral pelvic walls and inserting into the cervix at the level of the internal os. These ligaments are spoken of as the cardinal, transverse cervical, or Mackenrodt ligaments. Below these ligaments and merging with them is the paravaginal fascia which embraces the vaginal fornices. This fasciomuscular plane extends anteriorly over the anterior vaginal fornix, passes beneath the bladder and is inserted into the inferior surface of the symphysis and descending rami of the pubic bones. Posteriorly the plane divides into the sacrouterine ligaments which encircle the ampulla of the rectum, traverse the cul-de-sac and are inserted into the sacrum. The supporting structures are the pelvic diaphragm, consisting of the levator and coccygeus muscles with their fascia, and the urogenital diaphragm, which closes the aperture left by the failure of the levators to close anteriorly. A discussion of the soft tissues of the pelvis was ably presented before this Association in 1946 by Stover,[6] and the reader is referred to this excellent article for a more detailed description. No prolapse of the uterus can occur without some damage to the holding structures. The supporting apparatus acts as a secondary support, relieving to some degree the strain on the superior fascial plane. It is well known that pronounced cystocele or rectocele, even third degree laceration of the pelvic floor, can occur without appreciable prolapse of the uterus, while considerable descensus may take place with an intact pelvic floor.

To be successful, any operation designed to cure uterine prolapse must take these anatomic facts into consideration. To our mind the operation most acceptable should include an approximation of the cardinal ligaments in front of the cervix to hold it back and antevert the uterus, with a suturing of the vesicovaginal fascia to reduce the cystocele and a well executed repair of the pelvic floor. This restores the integrity of the upper fascial plane, backed up by a normal supporting apparatus. We believe the Manchester operation best fulfils these requirements in uncomplicated prolapse.

This operation derives its name from the fact that it was first performed in Manchester, England by Donald in 1888. Fothergill's[7] name is identified with it because of his early report of cases, and the operation is also spoken of as the Fothergill, Donald-Fothergill, or parametrial fixation operation. It became more widely used in the United States after Shaw's[8] address on the subject before the American Gynecological Society in 1933. With minor modifications the operation is still performed today according to Donald's original technic.

We first began the use of the Manchester operation in 1942. Prior to that time we had employed the combined operation, interposition, vaginal hysterectomy, and occasionally the Le Fort operation in the treatment of uterine prolapse. The basis of this discussion is a review of the cases in which one of us (C. J. C.) operated during the last five years for uterine prolapse by the vaginal approach, with special reference to the Manchester operation. We have not included various operations for the correction of cystocele, relaxation of the pelvic floor and diseased cervices when prolapse of the uterus was not the primary indication for operation. We wish to begin by listing what we consider to be the advantages of the Manchester operation.

ADVANTAGES OF THE MANCHESTER OPERATION

1. It is anatomically and physiologically correct.

2. It is simple to perform and carries little danger to the aged patient.

3. It provides excellent support to the uterus. The bladder is well elevated. It is well adaptable to the cure of urinary incontinence.

4. It preserves and utilizes the cardinal ligaments which are the main supports of the uterus.

5. It preserves the menstrual function in younger women and the possibility of future child bearing.

6. It eliminates the diseased cervix.

7. It maintains the normal depth of the vagina.

8. It is extraperitoneal. Postoperative bleeding and infection drain externally rather than into the peritoneal cavity.

9. It can be performed under local anesthesia in the patient who is a poor risk.

TABLE 1.—TYPES OF OPERATION 1942-1947

Operation	Total Cases	Per Cent
Vaginal hysterectomy	76	59.5
Manchester	45	35.1
Le Fort	6	4.6
Interposition	1	.8
Total	128	100.0

In table 1 we have listed the various vaginal procedures that we have employed during the last five years for the cure of uterine prolapse. We realize that the series is not large, but we believe it is sufficient to illustrate the good results obtained. We have performed 12 additional Manchester operations in 1947 up to the time of preparation of this review, making a total of 57, but have not included them for lack of sufficient time for follow-up.

TABLE 2.—DISTRIBUTION OF CASES AS TO YEARS

	NUMBER OF CASES			
Year	Vaginal Hysterectomy	Manchester	Le Fort	Interposition
1942	5	1	0	0
1943	18	2	1	0
1944	19	5	0	1
1945	12	14	3	0
1946	22	23	2	0

Table 2 illustrates the distribution of the cases as to years to indicate the increasing number of Manchester operations in proportion to other operations as our satisfaction with results of this operation increased. It will be noted that the Manchester operation has almost entirely replaced the interposition operation in our hands because of certain definite disadvantages we believe are associated with the latter operation.

TABLE 3.—DISTRIBUTION OF CASES AS TO AGE GROUPS

	NUMBER OF CASES			
Age Group	Vaginal Hysterectomy	Manchester	Le Fort	Interposition
20-30	1	2	0	0
30-40	6	7	0	0
40-50	34	15	0	0
50-60	18	11	0	1
60-70	11	6	3	0
70-80	6	4	3	0
Average age	51	50	69	50

The distribution of cases as to age groups is presented in table 3. In 33 of the 128 cases the patients were in the age group of 60 to 80 years. Many of these were definitely substandard surgical risks. There was no mortality in the entire group, attesting to the safety of the vaginal approach as a whole.

TABLE 4.—OPERATIONS PREVIOUS TO MANCHESTER

Subtotal hysterectomy	2
Suspension of uterus with vaginal repair	4
Vaginal repair	3
Total	9 (20%)

Table 4 shows the operations performed on these patients previous to the Manchester operation. Nine, or 20 per cent, had been subjected to surgical procedures which had resulted in failure. This number furnishes further proof of the fallacy of poorly devised operations without due consideration to the true anatomic supports.

TABLE 5.—INDICATIONS AND ASSOCIATED CONDITIONS

	Number	Per Cent
Prolapse of uterus		
First degree	31	69.0
Second degree	7	15.6
Third degree	5	11.0
Prolapse of cervical stump		
Third degree	2	4.4
Cystocele	42	93.3
Relaxed perineum	45	100.0
Laceration of cervix	28	64.0
Rectocele	5	11.1
Cervicitis	45	100.0
Laceration of perineum		
Third degree	1	2.3
Cervical polyps	3	6.6
Pruritus vulvae	2	4.4

Table 5 indicates the degree of uterine prolapse with the associated conditions present at operation. Attention is directed to the fact that we employed the operation in 7 cases of third degree prolapse, including 2 cases of complete prolapse of the cervix following subtotal hysterectomy. We are cognizant of the fact that there is some disagreement as to the indication for the Manchester operation in third degree prolapse. Te Linde and Richardson[9] mentioned it as a glorified anterior colporrhaphy and illogical for the cure of complete procidentia. Gordon,[5a] however, called it a rational procedure and reported 62 cases of complete prolapse followed over a long period of time after the Manchester operation, with excellent results. Phaneuf[10] mentioned its indication in all degrees of prolapse. In our 7 cases the results have been entirely satisfactory. The cervix was amputated in all of our cases and examined by our pathologist. A diagnosis of chronic cervicitis of various degrees was received in all cases. No malignant disease was reported. Some criticism may be directed at the combination of the Manchester operation with repair of a third degree laceration of the perineum in 1 case, but we employed the Warren flap technic to avoid entering the rectum and the danger of infection from fecal contamination.

TABLE 6.—ANESTHETICS

Type	Number	Comment
Gas-oxygen-ether	41	
Spinal	0	
Local (¼% novocaine)	1	Age 71; B.P. 220/105 Cardiac
	1	Age 60; B.P. 205/110 Cardiac
Pentothal sodium	2	

Gas-oxygen-ether was the anesthetic of choice in 41 cases (table 6). Local anesthesia was used in only 2 cases, the patients in these cases being poor risks, and the operation was only done at their insistence that they be relieved of the discomfort of the prolapse. We were pleased with the ease with which the operation can be done with this type of anesthesia and intend to use it more frequently in the future, believing that patients who ordinarily would be refused operation because of the risk involved, can be cared for with a reasonable degree of safety under local anesthesia.

COMPLICATIONS

In only 2 cases in the entire series were there immediate postoperative complications of any importance. In 1 case the patient had a moderate hemorrhage on the seventh postoperative day. The bleeding was controlled by vaginal packing, and 500 cc. of blood was administered. In the other case there was a persistent pyuria, for which urologic consultation was obtained. Catheterization was often necessary for a few days after removal of the retention catheter on the fifth day after operation. In a few cases there was acute cystitis, which rapidly subsided with the administration of one of the sulfonamides. The postoperative course of all patients, with the exception of the two mentioned, was remarkably smooth and uneventful. No remote complications of importance were found at the six weeks' examination. There were no cases of adhesive vaginitis or stenosis of the cervix or vaginal canal requiring dilatation. In a number of the cases small areas of granulation were present around the external os and along the suture line in the anterior vaginal wall. These were cauterized in the office, and all were healed at the time of a subsequent examination one month later.

TABLE 7.—RESULTS WITH MANCHESTER OPERATION

	Number of Cases	Per Cent
Excellent	40	89.0
Good	2	4.4
Fair	3	6.6
Poor	0	.0
Total	45	100.0

The final results obtained in the 45 cases are analyzed in table 7. We have attempted to be especially critical of these results. All have been followed from four months to five years. We realize that the follow-up in a few cases has not been sufficiently long, but we have no reason to believe that they will differ from those in the series as a whole. Results are given as excellent in 40 cases, or 89 per cent. In these cases there has been no evidence of descensus of the uterus or relaxation of either vaginal wall. In the 2 cases reported as good, or 4.4 per cent, recurrence of slight relaxation of the posterior vaginal wall has been noted. The fault here was with the posterior repair and not the Manchester operation. Good results can therefore be claimed in 93.4 per cent of our cases, which compares favorably with the figure of about 95 per cent reported in the literature. In 3 cases recorded as fair, or 6.6 per cent, a small bulge of the anterior vaginal wall has recurred. This has been caused by an inadequacy of tissues or failure completely to support the bladder with the vesicovaginal fascia. There has been no recurrence of prolapse of the uterus in any case. We have been gratified that no patient has expressed dissatisfaction with the results obtained from the operation.

PREOPERATIVE MANAGEMENT

Cystitis should be cleared up if possible before operation. This may be a difficult undertaking occasionally because of the cystocele as a factor in the causation of the infection of the bladder. In the treatment of atrophic vaginitis in older women it is our custom to have them insert a stilbestrol suppository, .5 mg., into the vagina for twelve nights preceding the operation. Acute cervicitis is a contraindication to operation and must receive preliminary treatment. Ulcerations of the cervix and vaginal walls must also be cured before operation. This preoperative care may require a period of bed rest to effect a temporary reduction of the prolapse during treatment.

TECHNIC

The cervix is drawn down with a vulsellum on both lips. One cubic centimeter of pituitrin is injected into the cervix, and the patient is catheterized. A transverse incision is made with the knife about 1 inch up on the cervix and is extended around the entire circumference. The vaginal wall is pushed back laterally and posteriorly until a good posterior flap is obtained. The cleavage plane between the anterior vaginal wall and bladder is entered in the midline with curved scissors. The scissors are pushed upward, opened and withdrawn. The anterior vaginal wall is

then incised in the midline to a point 1 cm. below the urinary meatus. Two Kocher clamps are placed on each side of the divided vaginal wall and placed on a stretch. The vesicovaginal fascia is incised longitudinally from the vaginal flaps. The fascia is peeled off the flaps with the gauze-covered finger, mobilizing the urethra well and exposing the bases of the broad ligaments. The bladder is pushed up off the cervix until the anterior peritoneal fold is exposed. The cystocele is reduced by approximating the vesicovaginal fascia in front of the bladder with interrupted sutures of size 0 chromic catgut, the last suture including a bite at a higher level on the cervix. Two sutures are then taken through the parametrial tissues or cardinal ligaments on either side of the cervix, both taking a bite into the anterior surface of the cervix, and are left untied. We prefer not to detach the cardinal ligaments from the sides of the cervix for approximation. The cervix is now amputated at the desired level. The cervix is grasped with an Allis clamp and dilated. A curettage is performed if indicated. The posterior flap of vaginal mucosa is inverted into the cervical canal by a Sturmdorf suture. The two sutures in the cardinal ligaments are tied, being approximated in front of the cervical stump. The redundant portion of the anterior vaginal wall is trimmed off with scissors, and the mucous membrane is united in the midline with interrupted sutures, dipping down to include the vesicovaginal fascia. The lower ends of the vaginal flaps are inverted into the cervical canal anteriorly with another Sturmdorf suture. Two sutures are taken into each lateral angle of the cervix to complete the approximation of the mucous membrane. The operation is concluded with a perineorrhaphy. The vagina is packed with gauze packing, and a Foley retention catheter is inserted into the bladder.

POSTOPERATIVE MANAGEMENT

The vaginal packing is removed after twenty-four hours. The retention catheter is left in for five days, and the bladder is irrigated daily with a 1:4,000 solution of silver nitrate. After removal of the catheter the patient is catheterized as necessary, or at least once daily after voiding until the residual urine is 30 cc. or less. One of the sulfonamides is given in small doses to limit urinary infection. Frequently in older patients a vaginal instillation of an acid jelly is used twice daily. This apparently inhibits discharge and irritation and aids healing. The postoperative care is otherwise routine. The patient is usually discharged from the hospital on the tenth postoperative day.

PARTURITION SUBSEQUENT TO THE MANCHESTER OPERATION

When this operation is performed during the reproductive age, some knowledge should be had as to what effect a subsequent pregnancy will have upon the patient. None of our patients have become pregnant to our knowledge after the operation. Amputation of the cervix is generally conceded to increase the incidence of sterility and abortion. Gordon[5b] reviewed the literature on this subject and reported numerous cases in which pregnancy followed the operation without dystocia or recurrence of the prolapse. He personally reported 18 deliveries with 1 recurrence. It is his opinion that the cervix need not be amputated in young women and that good results are obtainable without this step. Shaw[8] had 27 cases of delivery after the Manchester operation with 5 recurrences, 18.5 per cent. Montogomery[11] stated that if the patient desires more children, the cervix should be amputated only at a low level and that "if the operator conserves cervical tissue it should be possible to consummate vaginal delivery after a full-term pregnancy." The situation can best be summed up by saying that while pregnancy is not particularly desirable after the Manchester operation, delivery can usually be effected without serious dystocia, but that the chance of recurrence of the original condition is the same as that after any other extensive vaginal plastic procedure. The possibility of cesarean section as the best method of termination of the pregnancy in the patient who has had a high amputation of the cervix should be considered.

SUMMARY

A brief discussion of the anatomic reasons for the vaginal approach as the best treatment for uterine prolapse is presented.

The advantages of the Manchester operation are discussed.

A review of 128 cases of uterine prolapse in which the patient was operated on during the last five years is given.

An analysis of 45 Manchester operations is the basis for the discussion. The indications for operation, types of anesthesia, prior operations, postoperative complications and final results are shown.

The preoperative and postoperative management and the technic of the operation are described.

The effect of subsequent parturition on the patient who has been subjected to the Manchester operation is discussed. In patients who desire more children it is suggested that a very low amputation of the cervix be done, or that this step be omitted in the operation. The chances for delivery without serious dystocia are good, but recurrence may take place. In high amputation of the cervix the thought of cesarean section should be kept in mind.

Our results in 45 cases in which the Manchester operation was performed are listed as excellent in 40 cases (89 per cent), good in 2 (4.4 per cent) and fair in 3 (6.6 per cent). No patient represented in the series was dissatisfied with the results.

CONCLUSION

On the basis of our experience with the Manchester operation, we believe it is the best surgical procedure for the cure of any degree of uncomplicated uterine prolapse.

REFERENCES

1. Frank, R. T.: "Parametrial Fixation" (Manchester Operation) for Prolapse of the Uterus, Am. J. Obst. & Gynec. 29:240-245 (Feb.) 1935.
2. Counseller, V. S., and Stacy, S. J.: Results of Various Operations for Prolapse of the Uterus, J. A. M. A. 95:983-988 (Oct. 4) 1930; abstr., Proc. Staff Meet., Mayo Clin. 5:176-178 (June 25) 1930.
3. Watkins, R. E.: Surgical Treatment of Cystocele and Prolapse of the Uterus, with Analysis of One Hundred and Thirteen Cases, S. Clin. North America 13:1501-1513 (Dec.) 1933.
4. Maier, F. H., and Thudium, W. J.: The Fothergill Operation for the Correction of Uterine Prolapse, with Report of End-Results, Am. J. Obst. & Gynec. 24: 248-254 (Aug.) 1932
5. Gordon, C. A.: (a) The Management of Prolapse of the Uterus with Especial Reference to the Manchester-Fothergill Operation, Am. J. Obst. & Gynec. 29:547-553 (April) 1935; (b) The Manchester Operation, with Special Reference to Parturition and Complete Prolapse, a Report of Two Hundred and Six Cases, ibid. 52: 228-236 (Aug.) 1946.
6. Stover, R. F.: The Significance of Soft Tissue Injuries, J. Florida M. A. 33:257-260 (Nov.) 1946.
7. Fothergill, W. E.: End Results of Vaginal Operations for Genital Prolapse, J. Obst. & Gynaec. Brit. Emp. 28:251-255, 1921.
8. Shaw, W. F.: Treatment of Prolapsus Uteri, with Special Reference to the Manchester Operation of Colporrhaphy, Am. J. Obst. & Gynec. 26:667-686 (Nov.) 1933.
9. Te Linde, R. W., and Richardson, E. H., Jr.: End Results of Richardson Composite Operation for Uterine Prolapse, Am. J. Obst. & Gynec. 45:29-39 (Jan.) 1943.
10. Phaneuf, L. E.: The Choice of Operation for Uterine Prolapse, Am. J. Surg. 48:266-276 (April) 1940.
11. Montgomery, T. L.: The Manchester-Fothergill Operation, in Progress in Gynecology, edited by J. V. Meigs and S. H. Sturgis, New York, Grune and Stratton, Inc., 1947.

1503 Kuhl Avenue.

DISCUSSION

DR. HOMER L. PEARSON, Miami: After a demonstration such as has been witnessed, what can one say other than that many physicians are "missing the boat" as far as satisfactory results are concerned in the treatment of prolapse of the uterus?

There are many technics practiced for this condition, none of which are satisfactory which do not take into consideration the real supports of the pelvic organs. These Dr. Collins has demonstrated, and I wish to direct the attention of those who are interested further to the recent original work of Dr. Arthur Curtis, who has demonstrated certainly that few of us in our effort to repair the supports of the uterus really understand adequately what we are making an effort to do.

We know now that the ligament shortening operations and suspensions of the uterus are as inadequate and unsatisfactory as that operation some use in "tacking up the colon." Since most other technics are unsatisfactory, the least we can do, therefore, is to perfect ourselves in the understanding and the technic of a satisfactory operation such as this. My experience with the Manchester operation is not sufficient for me to draw final conclusions, but in the instances in which I have employed this operation the results have been so satisfactory that I intend to continue its use in this condition.

The subject is certainly timely, and increasingly frequent use of the Manchester operation indicates that more surgeons are recognizing its value. Dr. Collins is to be congratulated on the able way in which he has presented this subject.

DR. COLLINS, concluding: I should like to thank Dr. Louis Pohlman and Dr. Gabriel Sanchez for their material help in the preparation of this paper. I also wish to thank Dr. Pearson for his discussion.

MASCULINIZING TUMOR OF THE OVARY

REPORT OF A CASE

W. L. JENNINGS, M.D.

DAYTONA BEACH

Sexual metamorphosis in adult life is always of striking interest to layman and scientist alike. The arrhenoblastoma of the ovary arises from an embryonic rest of sex cells having a male tendency. The nonrestrained proliferation of such gonadotropic cells gives rise to great growth of corresponding hormones, resulting in masculinization of the patient with suppression to varied degrees of the female characteristics.[1, 2, 3, 4]

True masculinizing tumors have been classified by Reis and Saphir[5] as: (1) arrhenoblastoma; (2) disgerminoma; (3) hypernephroma (adrenal rests or adenoma [Novak] misplaced within the ovary); and (4) luteomas.

The relationship between the gonads and the adrenal cortex is not well known, but lesions in both the ovarian medulla and adrenal cortex produce masculinization in women. Embryologically, these two organs are close relatives.[6, 7]

I wish to report a case of arrhenoblastoma occurring in a woman showing great changes of masculinization.

REPORT OF CASE

The patient was a white woman aged 30, who complained of amenorrhea and sterility. There was a history of typhoid fever and pneumonia, and an appendectomy in 1934 for chronic appendicitis. She had had gonorrhea eleven years previously, contracted from her husband shortly after marriage, with no apparent complication. The blood Wasserman test had given negative results repeatedly. She began menstruating at the age of 14

Read before the Staff of Halifax District Hospital, Daytona Beach, April 1947.

and had always been irregular, having had amenorrhea for as long as eight months at a time. Since marriage, periods had been four to five months apart and three days in duration. Two years before she consulted me, spotting had occurred vaginally for seven days, which cleared up without treatment. For the last year, menses had occurred six to nine weeks apart. The last menstrual period began Dec. 17, 1946. In 1940 she had had a dilatation and curettement as treatment for sterility. She had never been pregnant to her knowledge.

On physical examination, the temperature was 97.6 F., pulse rate 80 and blood pressure 126 systolic and 78 diastolic. The patient was a well nourished, well developed woman having an excess growth of hair on the face, breasts, abdomen, forearms and legs. She stated the pigmentation of the breasts had increased during the last eleven years. The breasts were otherwise normal. The pubic hair had a masculine distribution. Pelvic examination revealed no enlargement of the clitoris; the cervix was of normal appearance. The fundus was retroflexed and normal in size. Two movable masses were palpated lying close to the uterus in the cul-de-sac and were thought to be the ovaries, the one on the right side being larger than that on the left.

The patient was advised to have a laparotomy. The provisional diagnosis was arrhenoblastoma and retroflexed uterus. At operation on March 26, 1947, both ovaries were found to be in the cul-de-sac, the right ovary being three times the normal size. A small hard tumor the size of a pea was palpated in the right ovary, and the entire ovary was removed. The left ovary contained several lutein cysts, which were ruptured. Both kidneys were palpated and seemed to be normal in size and shape. The adrenals presented no palpable abnormality. Both fallopian tubes were entirely normal. A Crossen-Gilliam uterine suspension was performed.

The pathologic report of the tumor, made by Dr. Lucien Y. Dyrenforth, follows: "This is a neoplasm of unusual type and is mixed with a theca lutein cyst, which further complicates the obscurity. The main tumor is occupying the stroma in the adjacent portion and only impinges upon the cyst. This tumor is distinct and is formed of hazy cell outlines with poorly defined cytoplasm and suggests the spider appearance of arrhenoblastoma. It is slightly atypical, but is nevertheless true to form."

The patient had an uneventful convalescence. Since the operation she has menstruated three times, each menstrual period lasting five days. Although it is too early to detect any appreciable decrease in the hair over her body, she stated she has had less hair on her face since the operation. Salpingography on June 10 revealed both tubes to be patent.

SUMMARY

A case of arrhenoblastoma of the ovary, occurring in a white woman and associated with masculinization, is presented. Surgical removal of the tumor produced normal menstrual periods and slow regression of signs of masculinization.

REFERENCES

1. Davis, C. H.: Gynecology and Obstetrics, Hagerstown, Md., W. H. Prior, Inc., 1934, vol. 2, chap. 15.
2. Douglass, M.: Masculinizing Tumor of the Ovary of the Adrenal Type, Am. J. Obst. & Gynec. 53:190-198 (Feb.) 1947.
3. Saphir, W., and Parker, M. L.: Adrenal Virilism, J. A. M. A. 107:1286-1288 (Oct. 17) 1936.
4. Crossen H. S.: Operative Gynecology, ed. 3, St. Louis, The C. B. Mosby Company, 1925.
5. Reis, R. A., and Saphir, O.: Masculinizing Elements in the Ovary, Am. J. Obst. & Gynec. 35:954-960 (June) 1938.
6. Greene, H. J., and Lapp, W. A.: Adrenal Rest Tumor of the Ovary, Am. J. Obst. & Gynec. 47:63-69 (Jan.) 1944.
7. Kepler, E. J.; Dockerty, M. B., and Priestley, J. T.: Adrenal-like Tumor Associated with Cushing's Syndrome (So-Called Masculinovoblastoma, Luteoma, Hypernephroma, Adrenal Cortical Carcinoma of the Ovary), Am. J. Obst. & Gynec. 47:43-62 (Jan.) 1944.

111 Broadway.

BROMIDE INTOXICATION

WILLIAM P. LOGAN, M.D.
LAKELAND

Since the discovery of bromides in 1826, their use has increased until they are one of the most frequently prescribed medications. A survey, made by the Purdue University College of Pharmacy in 1941, gave sodium bromide fifth place in a list of 689 official, nonofficial and proprietary medications, ranked according to frequency of use.[1] In accordance with their frequent use, many instances of bromide intoxication have been reported; many others have undoubtedly occurred.[2,3,4,5,6,7] This high incidence was questioned by Millikan,[8] who attributed many of these cases to an error in diagnosis. In any event, bromide intoxication does occur, and in all probability frequently. There are several reasons for this incidence: (1) A physician's prescription is unnecessary to secure the drug. (2) Many nostrums do not reveal by their trade names that they contain bromides, a large number passing under the guise of nerve tonics. (3) Many patients continue to take this drug, or it is prescribed for them, for the very symptoms produced by mild intoxication. (4) Some physicians fail to appreciate the fact that continued use of this drug may lead to intoxication and that bromides are not the benign sedatives that tradition has lead one to believe.

The use of bromides as a mild sedative to lessen anxiety, irritability and worry is well recognized. There are, however, certain contraindications to their use that are not as well recognized. Obviously, no patient with an undiagnosed nervous or mental disturbance should receive bromides until it is definitely established that the symptoms are not the results of early bromide intoxication. Bromides should not be prescribed for unlimited periods without close observation, and it would be wise to warn the patients of this fact since they can secure an unlimited supply. Bromides do not have a rational place in the treatment of those patients suffering from depression, severe excitement or agitation, nor for producing analgesia. They should be used with caution in all patients with advanced arteriosclerosis, debilitation, dehydration and deficient diet.

DIAGNOSIS

If one is on the alert for this condition, a careful history and observation of the patient will usually arouse a suspicion of intoxication due to bromides. More, however, than the mere history of ingestion of the drug is required to establish the diagnosis. Millikan[8] presented four criteria for such diagnosis: (1) knowledge of whether the mental symptoms began before or after the intoxication began; (2) existence of high levels of bromide, as shown by the Walter Hauptman test; (3) no other drug intoxication or disease present that will mimic bromide intoxication; and (4) disappearance of symptoms in from two to three weeks after discontinuance of medication.

The third criterion needs more elaboration. There is no absolute correlation between the severity of bromide poisoning and the level of bromide in the blood.[9] Several factors influence the level at which toxic symptoms appear: the general physical condition, food intake, salt intake, dehydration, fever, renal function and the previous mental state of the patient. In addition, there is considerable variation in the laboratory procedures used to determine the blood level. Because of its simplicity, the Wuth method is most frequently used. It utilizes the color change in serum filtrate after the addition of gold chloride. Wuth[10] pointed out that there is considerable inherent error in his method both at high and low levels. Millikan[8] recommended, in the criteria presented, that the Walter Hauptman method be used because of greater accuracy.

The exact level at which bromide intoxication appears is, in accord with the factors mentioned, difficult to state. Goodman and Gillman[9] stated that the toxic zone must be placed at the blood levels of 195 to 200 mg. per hundred cubic centimeters (Wuth method) and that most patients with the latter concentration will show unquestionable evidence of intoxication. At levels of 75 to 100 mg. the bromides must be suspected as the cause of the symptoms. Millikan,[8] administering bromides experimentally to 36 patients, observed that the lowest level at which symptoms began to appear was 195 mg. (Brodie Friedman test). He stated that the Wuth method would be 30 per cent higher, or about 252 mg.

SYMPTOMS

The symptomatology is frequently presented as an extremely variable picture. This is true, when one considers all the presenting symptoms including those which are dependent upon the patient's constitutional and mental makeup. Bromides are so frequently administered to neurotic patients it is not surprising that many symptoms of functional or neurologic disease are listed as occurring in bromide intoxication. Actually, the clinical picture is rather simple. The earliest symptoms represent an extension of the therapeutic sedative action of the bromides and consist of drowsiness, impairment of thought and memory, and disorientation. There may be a tremor of the hands, lips and tongue, weakness, slurring of speech and sluggish movements which lead to staggering gait and actual ataxia. More severe intoxication produces hallucinations and delusions which are responsible for the patient's excitement, negation and disorderly conduct. Eventually coma may occur. The more advanced state is frequently spoken of as bromide psychosis. It should be mentioned that bromide dermatitis is a pure idiosyncrasy to the drug and therefore has no correlation with the toxic symptoms.

TREATMENT

Obviously, the essential point in treatment is to discontinue the medication. Certain characteristics of the metabolism of the halogens, bromine and chlorine, form a basis for a rational method of treatment. Bromides are excreted in the same manner as the chlorides, almost exclusively in the urine with little distinction being made between the two, the kidney function being to maintain the halogen blood level at a constant normal value. Upon the cessation of ingestion of the bromine ion, therefore, and if the chlorine ions are ingested in large quantities, the halogen blood level is raised, and the kidneys respond by excreting a larger quantity of the halogens which includes the bromine ion. Eventually all the bromine ions will be excreted. To promote rapid excretion, the sodium chloride intake should be maintained at 10 to 15 Gm. per day as long as toxicity exists. In some instances, it will be necessary to give the sodium chloride parenterally. Along with this, it is necessary to maintain a liquid intake near 4,000 cc. per day. Otherwise, treatment is symptomatic. Millikan[8] recommended paraldehyde rectally or sodium amytal intravenously in the severe bromide psychosis.

PROGNOSIS

Fortunately, the symptoms of bromide intoxication are not permanent. While they will con-

tinue for some time after the blood level has dropped to normal, the patient should return to his previous mental level in seven to twenty-one days. If the symptoms continue beyond this time, a careful review of the patient's history will most likely reveal some organic or psychic disease unrelated to the ingestion of bromide.

REPORT OF CASE

J. W. L. entered the clinic with the chief complaint of "nerves." His brother supplied the information that the patient had been well until five or six weeks prior to this examination. He was visiting relatives in the North, and there had developed a cough and insomnia, for which a physician prescribed a "clear liquid with a salty taste." Shortly after he started taking this medicine, he noticed that he was getting "nervous." This condition consisted of not being able to hold a glass after lifting it; his memory became poor; he would start out after something and then forget what it was; he had trouble thinking of things that he knew he should know; and he would let cigaret ashes fall on his clothes and not brush them off. Because the symptoms became progressively worse, he had the prescription refilled before leaving for Florida. He continued to take the medicine until two days before consultation, at which time his family became concerned and advised him to discontinue treatment. When he did not improve, he was brought to the clinic.

The significant findings on physical examination were those of a quiet, drowsy, depressed person whose speech was sluggish. His personal appearance was poor. He was mentally confused and had a mildly staggering gait.

Laboratory findings were: 4.34 million red blood cells, 15,850 white blood cells, 73 per cent hemoglobin, normal differential count and a normal urinalysis. The blood bromide level (Wuth method) was 251 mg. per hundred cubic centimeters. The spinal fluid was normal. The blood Kahn test gave negative results. Roentgen examination of the chest and skull gave negative evidence.

All medication was immediately stopped, and sodium chloride was given with forced fluids. The patient returned in two weeks. He was an entirely different looking person. His personal appearance was neat. He was mentally alert and active. He stated that he was feeling perfectly normal and that he had started back to work.

SUMMARY

This case meets the criteria for bromide intoxication. This is an instance in which medication was continued at the discretion of the patient, who had the prescription refilled and continued to use the drug without the advice of the physician. This is all too frequent an occurrence, which might be avoided by warning patients of this danger. As in most cases of this kind, continued use was due to an attempt to relieve the very symptoms that the drug was producing. The response was prompt when the medication was discontinued and sodium chloride was administered orally.

Because of the widespread use of this drug and the possibility of intoxication it should be prescribed with greater care. Too, the physician should be constantly alert for the possibility of bromide intoxication in patients presenting themselves with mental or neurologic abnormalities.

REFERENCES

1. Heine, R. E., and Lee, C. O.: Prescription Ingredient Survey, Bull. Nat. Formulary Com. 9:130, 1941.
2. Wagner, Carl P., and Bunbury, D. Elizabeth: The Incidence of Bromide Intoxication Among Psychotic Patients, J. A. M. A. 95:1725-1728 (Dec. 6) 1930.
3. Preu, P. W.; Romano, J., and Brown, W. T.: Symptomatic Psychoses with Bromide Intoxication; Their Occurrence in Southern New England, New England J. Med. 214:56-62 (Jan. 9) 1936.
4. Preu, P. W.: Bromide Intoxication, J. Connecticut M. Soc. 3:75-76 (Feb.) 1939.
5. Hanes, F. M., and Yates, A.: An Analysis of Four Hundred Instances of Chronic Bromide Intoxication, South M. J. 31:667-671 (June) 1938.
6. Gundry, L. P.: Bromide Intoxication: Report of Fifteen Cases, J. A. M. A. 113:466-470 (Aug. 5) 1939.
7. Sensenbach, W.: Bromide Intoxication, J. A. M. A. 125:769-772 (July 15) 1944.
8. Millikan, C. H.: Observations on Bromide Intoxication, J. Iowa M. Soc. 35:120-125 (April) 1945.
9. Goodman, L., and Gillman, A.: The Pharmacological Basis of Therapeutics: A Textbook of Pharmacology, Toxicology and Therapeutics for Physicians and Medical Students, New York, The Macmillan Company, 1941.
10. Wuth, O.: Rational Bromide Treatment; New Methods for Its Control, J. A. M. A. 88:2013-2017 (June 25) 1927.

Box 1021.

HOSPITAL CASE REPORTS

RETICULUM CELL SARCOMA OF THE CLASMATOCYTE VARIETY*

A 74 year old white man entered the hospital with the complaint of weakness, edema and dyspnea of six weeks' duration. He stated that a physician had been treating him for six weeks for anemia. Prior to that time he had carried on his duties as superintendent of a children's school. He had noted nothing unusual except a small mass in the right side of the neck six months previously, which regressed for a time and then reappeared, becoming larger until it reached the size of a pecan.

On examination, the patient was a somewhat obese, chronically ill, dyspneic white man with a lemon-yellow pallor and a 3 to 4 plus edema, extending from the clavicles downward. A firm, nontender mass about the size of a pecan, which appeared attached to the skin, was felt over the middle of the right sternocleidomastoid. The supraclavicular lymph nodes were enlarged. Fine and coarse moist rales and impaired percussion were present in both sides of the chest. The blood pressure was 130 systolic and 75 diastolic, the temperature 97 F., the pulse rate 80 and the respiration rate 24.

The laboratory findings were: red blood cells 3.5 million, hemoglobin 64 per cent, white blood cells 5,000, nonprotein nitrogen 30, blood sugar 91, total protein 5.4, albumin 3.0, globulin 2.4 and the albumin-globulin ratio 1.25. The urine showed 1 plus albumin.

The patient became progressively weaker and more cyanotic. He died four days after admission to the hospital.

CLINICAL DISCUSSION

Dr. Gard: Clinically, the picture on admission was suggestive of a nephrosis. This was, however, not substantiated. A venous pressure was not taken and would have been of help in diagnosis. The patient had no edema of the face, this fact being puzzling.

NECROPSY FINDINGS

At necropsy, the edema was a prominent feature. There were 1,000 cc. of fluid in each pleural cavity, 4,000 cc. in the abdominal cavity and 200 cc. in the pericardial sac. In the chest a firm, rubbery tumor mass involved the mediastinal nodes encasing the vessels entering and leaving the base of the heart. A similar mass of about 2,000 Gm. was found in the abdomen surrounding the pancreas, both kidneys and the inferior vena cava, also including the adrenals. The heart weighed 480 Gm.; the ratio of the left to right ventricle was 1.35; the right ventricle showed moderate dilatation and hypertrophy. The lungs were relatively avascular each weighing 400 Gm. The liver and kidneys were moderately congested.

Pathologic Diagnosis: Reticulum cell sarcoma of the clasmatocyte variety. Cor pulmonale.

DISCUSSION OF PATHOLOGY

Dr. Goldthwait: Increased hydrostatic pressure was produced by partial blockage of the superior and inferior vena cava and pulmonary arteries. Lack of edema of the face may have been due to postural factors. It is probable that this man died of dilatation of the right ventricle, decreased cardiac output and decreased coronary flow, a cycle producing progressive myocardial insufficiency.

Dr. Williams: Microscopically, this tumor was a clasmatocytic lymphoma. Malignant lymphomas have been classified by Mallory as follows: stem cell, clasmatocytic, lymphoblastic, lymphocytic, Hodgkin's sarcoma and follicular lymphoma. These tumors have the ability to change their topography to another type. The average duration of life of persons with clasmatocytic lymphomas is about two years.

Dr. Raynolds: What is the radiosensitivity of this tumor?

Dr. Williams: Statistics show that all but 8 per cent of these lymphomas are radiosensitive. Radiation probably does a better job than nitrogen mustards, which make the patient very sick. The use of urethane is on trial. The few cases in which it has been used indicate desirability of further inquiry. Radioactive isotopes, because of their numbers and the variation of their half lives, present a new horizon to therapy which may show results.

Dr. Reeser: The albumin was low in this case. I wonder if this played a part in the edema.

Dr. Raynolds: From our short experience with this man, I do not believe this question can be answered. On entry, the first thing the physician naturally thought of was nephritis with anemia. It was only after examination of the urine and examination of the blood for nonprotein nitrogen that he became somewhat puzzled and began to think in terms of nephrosis. The decrease of albumin with no increase in globulin, however, and the absence of pathologic findings of nephrosis suggested a probable nutritional basis.

Dr. Williams: I would be inclined to agree with Dr. Raynolds, especially since there were also a cor pulmonale and small lungs, probably produced by gradual occlusion of the pulmonary artery. The tumor mass clamped the vessels at the base of the heart like two constricting hands, suggesting the possibility of thymic origin. First affected appeared to be pulmonary arteries, and finally the vena cava and its branches. It appeared after dissection of the tumor mass in the chest that the location of the edema could be explained on the mechanical basis of pressure with decrease in the lumens of blood vessels.

This case illustrates the advisability of biopsy. If the mass in the neck had been subjected to biopsy, a diagnosis could have been made six months earlier.

**Selected from the presentations at the weekly clinical and anatomic pathology conferences of the Staff of the Veterans Administration Hospital, Bay Pines, and edited by Dr. John W. Williams, Pathologist in Charge of Laboratory.*

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

William C. Thomas, M.D., President.....*Gainesville*
Joseph S. Stewart, M.D., President-elect.....*Miami*
Frank W. Hewlett, M.D., 1st Vice Pres.....*Coral Gables*
Frank D. Gray, M.D., 2nd Vice Pres.....*Orlando*
Bricey M. Rhodes, M.D., 3rd Vice Pres.....*Tallahassee*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Shaler Richardson, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

Walter C. Payne, M.D., Chm...A-50.....*Pensacola*
Herbert L. Bryans, M.D...S.B.H.-48.....*Pensacola*
Duncan T. McEwan, M.D...B-49.....*Orlando*
David R. Murphey, Jr., M.D...C-51.....*Tampa*
Leigh F. Robinson, M.D...D-48.....*Ft. Lauderdale*
Herbert E. White, M.D...AL-48.....*St. Augustine*
John R. Boling, M.D...PP-48.....*Tampa*
Shaler Richardson, M.D...PP-49.....*Jacksonville*
William C. Thomas, M.D. (Ex Officio).....*Gainesville*
Joseph S. Stewart, M.D. (Ex Officio).....*Miami*
Robert B. McIver, M.D. (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. Rocher Chappell, M.D., Chm...AL-48.....*Orlando*
Jere W. Annis, M.D...C-51.....*Lakeland*
Frederick K. Herpel, M.D...D-50....*West Palm Beach*
Daniel A. McKinnon, M.D...A-49.....*Marianna*
Herbert E. White, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...B-50.....*Miami*
Thomas H. Bates, M.D...A-49.....*Lake City*
Orion O. Feaster, M.D...C-51.....*St. Petersburg*
C. Frederic Roche, M.D...D-48.....*Miami*
S. Marion Salley, M.D...AL-48.....*Miami*
William C. Thomas, M.D. (Ex Officio).....*Gainesville*
Robert B. McIver, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

George M. Dawson, M.D., Chm...AL-48.....*Palm Beach*
Howard G. Holland, M.D...B-48.....*Leesburg*
Bascom H. Palmer, M.D...D-50.....*Miami*
Alvord L. Stone, M.D...C-51.....*Tampa*
John K. Turberville, M.D...A-49.....*Century*

PUBLIC RELATIONS

Frank G. Slaughter, M.D., Chm...AL-48...*Jacksonville*
Edwin H. Andrews, M.D...B-51.....*Gainesville*
Alvin L. Mills, M.D...C-50.....*St. Petersburg*
Leigh F. Robinson, M.D...D-49.....*Ft. Lauderdale*
Carol C. Webb, M.D...A-48.....*Pensacola*

NECROLOGY

Courtland D. Whitaker, M.D., Chm...A-48..*Marianna*
Reddin Britt, M.D...B-51.....*St. Augustine*
Robert B. Harkness, M.D...AL-48.....*Lake City*
Thomas O. Otto, M.D...D-50.....*Miami Beach*
Thomas W. Taylor, M.D ..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D., Chm...B-51.....*Jacksonville*
George L. Cook, M.D...C-50.....*Tampa*
W. W. George, M.D...AL-48.....*West Palm Beach*
E. Sterling Nichol, M.D...D-49.....*Miami*
James H. Pound, M.D...A-48.....*Tallahassee*

CANCER CONTROL

Frederick K. Herpel, M.D., Chm...AL-48.*W. Palm Bch.*
Charles J. Collins, M.D...B-49.....*Orlando*
Joseph Halton, M.D...C-48.....*Sarasota*
George W. Morse, M.D...A-51.....*Pensacola*
Lloyd J. Netto, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

Harrison A. Walker, M.D., Chm...D-50.....*Miami*
Harold O Brown, M.D...C-51.....*Tampa*
Herbert L. Bryans, M.D...A-48.....*Pensacola*
J. Maxey Dell, Jr., M.D...AL-48.....*Gainesville*

VENEREAL DISEASE CONTROL

E. Thomas Sellers, M.D., Chm...B-48.....*Jacksonville*
J. Powell Adams, M.D...A-49.....*Panama City*
James L. Estes, M.D...C-51.....*Tampa*
Wiley M. Sams, M.D...D-50.....*Miami*
Wilson T. Sowder, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

Henry J. Peavy, M.D., Chm...D-50.....*Ft. Lauderdale*
Edgar Austin, M.D...AL-48.....*Plant City*
Simon E. Driskell, M.D...B-49.....*Jacksonville*
Lamar L Lancaster, M.D...C-51.....*Bartow*
Ralph B. Spires. M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

Louie Limbaugh, M.D., Chm...B-49.....*Jacksonville*
Frank V. Chappell, M.D...C-51.....*Tampa*
Luther C. Fisher, M.D...A-48.....*Pensacola*
Fred Mathers, M.D...AL-48.....*Orlando*
Scheffel H. Wright, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. Maxey Dell, M.D., Chm...AL-48.....*Gainesville*
Benjamin F. Barnes, M.D...A-48.....*Chattahoochee*
Lloyd J. Netto, M.D...D-49.....*West Palm Beach*
Meredith Mallory, M.D...B-50.....*Orlando*
S. Edgar Watson, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

Samuel R. Norris, M.D., Chm...B-48.....*Jacksonville*
Samuel C. Harvard, M.D...C-49.....*Brooksville*
Robbins Nettles, M.D...AL-48.....*Ocala*
Richard F. Stover. M.D...D-51.....*Miami*
Benjamin A. Wilkinson, M.D...A-50.....*Tallahassee*

CHILD HEALTH

Luther W. Holloway, M.D., Chm...B-49..*Jacksonville*
David W. Martin, M.D...AL-48.....*West Palm Beach*
Manuel A. Perez, M.D...C-51.....*Tampa*
Warren W. Quillian, M.D...D-50.....*Coral Gables*
Eugene D. Thorpe, M.D...A-48.....*Madison*

CONSERVATION OF VISION

Joseph W. Taylor, M.D., Chm...C-50.....*Tampa*
Charles W. Boyd, M.D...B-51.....*Jacksonville*
Carl E. Dunaway, M.D...D-49.....*Miami*
Orville N. Nelson, M.D...AL-48.....*St. Petersburg*
William S. Nichols, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

Annette M. Feaster, M.D., Chm...C-49..*St. Petersburg*
Merritt R. Clements, M.D...AL-48.....*Tallahassee*
Luther C. Fisher, M.D...A-48.....*Pensacola*
Edgar W. Stephens, M.D...D-50.....*West Palm Beach*
Charles E. Tribble, M.D...B-51..... *DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

Frank L. Fort, M.D., Chm...B-49.....*Jacksonville*
Edward W. Cullipher, M.D...D-51.....*Miami*
Julius C. Davis, M.D...A-48.....*Quincy*
R. Renfro Duke, M.D...C-50.....*Tampa*
Thomas C. Kenaston, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. Duncan Owens, M.D., Chm...AL-48....*Miami Beach*
First—William C. Roberts, M.D...1-48....*Panama City*
Second—Irby H. Black, M.D...2-49.....*Live Oak*
Third—Vernon A. Lockwood, M.D...3-48.*St. Augustine*
Fourth—Rabun H. Williams, M.D...4-49.....*Eustis*
Fifth—John M. Butcher, M.D...5-49.....*Sarasota*
Sixth—James R. Boulware, Jr., M.D...6-48...*Lakeland*
Seventh—Adrian M. Sample, M.D...7-48.....*Ft. Pierce*
Eighth—Russell B. Carson, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

Edward Jelks, M.D., Delegate.....*Jacksonville*
Duncan T. McEwan, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1947)
Homer L. Pearson, M.D., Delegate.....*Miami*
Louis M. Orr, II, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1948)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
SHALER RICHARDSON, M.D.....*Jacksonville*

ASSISTANT EDITOR
WEBSTER MERRITT, M.D.....*Jacksonville*

MANAGING EDITOR
STEWART G. THOMPSON, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
GEORGE L. COOK, M.D.....*Tampa*
J. MAXEY DELL, JR., M.D.....*Gainesville*
FRANK D. GRAY, M.D.....*Orlando*
HOMER L. PEARSON, M.D.....*Miami*
JAMES H. POUND, M.D.....*Tallahassee*
WILSON T. SOWDER, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
SHALER RICHARDSON, M.D., Chairman.....*Jacksonville*
ARTHUR L. WALTERS, M.D.....*Miami Beach*
HERMAN WATSON, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
KENNETH A. MORRIS, M.D., Chairman.....*Jacksonville*
ORION O. FEASTER, M.D.....*St. Petersburg*
ROBERT T. SPICER, M.D.....*Miami*

Board of Past Presidents
JOHN S. MCEWAN, M.D., Chm., 1925.....*Orlando*
JOHN R. BOLING, M.D., Sec'y., 1944, 1945.....*Tampa*
ROBERT H. MCGINNIS, M.D., 1915.....*Jacksonville*
WILLIAM E. ROSS, M.D., 1919.....*Jacksonville*
H. MARSHALL TAYLOR, M.D., 1923.....*Jacksonville*
JOHN C. VINSON, M.D., 1924.....*Tampa*
H. MASON SMITH, M.D., 1926.....*Tampa*
JOHN A. SIMMONS, M.D., 1927.....*Arcadia*
FREDERICK J. WAAS, M.D., 1928.....*Jacksonville*
HENRY C. DOZIER, M.D., 1929.....*Ocala*
JULIUS C. DAVIS, M.D., 1930.....*Quincy*
WILLIAM M. ROWLETT, M.D., 1933.....*Tampa*
HOMER L. PEARSON, M.D., 1934.....*Miami*
HERBERT L. BRYANS, M.D., 1935.....*Pensacola*
ORION O. FEASTER, M.D., 1936.....*St. Petersburg*
EDWARD JELKS, M.D., 1937.....*Jacksonville*
W. HENRY SPIERS, M.D., 1938.....*Orlando*
LEIGH F. ROBINSON, M.D., 1939.....*Ft. Lauderdale*
WALTER C. JONES, M.D., 1941.....*Miami*
GILBERT S. OSINCUP, M.D., 1942.....*Orlando*
EUGENE G. PEEK, M.D., 1943.....*Ocala*
SHALER RICHARDSON, M.D., 1946.....*Jacksonville*

MERCY DEATHS

Euthanasia is a subject which has received much attention during recent months. The British physician who frankly stated that he had ended the lives of several hopeless invalids received much publicity in the press and thereby brought the subject even more to the front. A bill to legalize mercy deaths has been introduced in the British Parliament, and a Gallup poll has been taken on the question here at home.

It may be, however, that an important point at issue has been overlooked. Is there need for a law to legalize mercy deaths? Is the subject really controversial?

Very few physicians would like to decide whether or not a patient should be put to death, for it is clear that not many people want to die even though they express that wish. The paramount aim of the physician is to help the patient live. But if the patient cannot live—if the outlook is completely hopeless—it becomes the physician's privilege to relieve his pain and suffering. He will feel free to administer narcotics in large doses frequently if that is necessary to produce comfort. If the amount required shortens the patient's life, the physician will have been able to obviate much suffering by his course of action, and his thoughtfulness and good judgment will receive the acclaim of the patient and all concerned.

No, a physician does not need to ask for especial power or legal rights. He needs only to practice the Golden Rule.

WORLD MEDICAL ASSOCIATION

September is the month for the second meeting of the World Medical Association, which is scheduled to convene in Paris on the fifteenth. This organization met first in London in April, at which time a constitution and by-laws were drawn. More than thirty nations were represented by two delegates each in that meeting, the major nations of the world, except Russia, participating.

One of the two delegates representing the United States at the April meeting was a distinguished Southern physician, Dr. E. L. Henderson of Louisville, Ky., currently president of the Southern Medical Association. Dr. Louis Bauer of New York, who is president of the New York Medical Society, was the other delegate. Both will represent the physicians of this country at the Paris meeting of this first world-wide organization intended primarily to promote closer relations between physicians of the various countries and thereby foster improved international relations as the physicians, independently of government agencies, make a study of world health needs. Dr. Irvin Abell, also of Louisville and long an outstanding leader of organized medicine, will accompany Dr. Henderson and attend the congress as an observer.

SERVICES TO AID PRACTICING PHYSICIANS

In a recent communication Dr. Wilson T. Sowder, State Health Officer, reminds practicing physicians in the state of the services available to them through the county health officer. He urges them to make known their needs and desires so that this official may give them every assistance provided by the state and county health departments. The health unit personnel in every community in the state is eager to prevent the spread of communicable diseases by every known means, and the facilities at the command of the county health officer enable him to render especially valuable service to the practicing physicians who call upon him.

The county health unit has available, or can obtain, such items as typhoid-paratyphoid vaccine, smallpox vaccine, tetanus toxoid and antitoxin (for indigents only), diphtheria toxoid and antitoxin (for indigents only), silver nitrate ampules (1 per cent), rabies vaccine (for indigents only), crystoids for intestinal parasites, tetrachlorethylene for intestinal parasites, diphtheria pertussis tetanus (combined), pertussis, tuberculosis patch test, P.P.D. tuberculin, immune serum globulin, insulin (for indigents only) and Schick test material.

Also available are laboratory containers for stool cultures, throat cultures, tuberculosis sputum, dark field specimen, gonorrhea smears, agglutination test, blood cultures, intestinal parasite examinations, malaria smears, hemoglobin determinations, tumor examinations, Kahn tests, water and milk samples and birth and death blank certificates.

THE HOSPITAL ACT AND YOUR COMMUNITY

If you are interested in the hospital program, authorized last year by the Hospital Survey and Construction Act, this booklet will tell you in simple terms what the Act means to you, your community and your state. It should be especially valuable to any group or community that wants to build a hospital but does not know how it goes about in getting federal aid for construction. Single copies are available free on request to the United States Public Health Service, Washington 25, D. C. Larger quantities may be purchased at 10 cents a copy or $7.50 per hundred from the Superintendent of Documents, Government Printing Office, Washington 25, D. C.

AID FOR POLIO VICTIMS

Again during these summer months outbreaks of poliomyelitis are making their appearance in many sections of the country. Last year 25,191 cases occurred in the nation, 572 of them within this state. No one can forecast how many cases will occur this year or how badly the communities in this area will be affected. Medical science, unfortunately, cannot as yet prevent an epidemic or even one case.

Physicians in this area, as well as elsewhere, are aware of the multitude of problems poliomyelitis presents. Treatment of the disease is apt to be prolonged and extremely costly, requiring the services of many specialists. Too often the patient's family looks to the physician for advice and guidance far beyond the immediate problem of medical care.

In times such as these it is helpful to physicians to know that there are others prepared to share these troublesome burdens. In addition to making possible epidemic aid, education and scientific research, the National Foundation for Infantile Paralysis is pledged to assist financially those patients who require such help. Through their generous contributions to the March of Dimes, the American people have made this possible. Hospital bills, salaries for physical therapists and nurses, purchase of special equipment, and the many other charges which may comprise the essentials of good medical care may be paid for by the chapters of the National Foundation when necessary. Local chapters of the National Foundation are scattered throughout the United States. There is one in or near your own communiy. Your local health department can furnish you with the address of the chapter nearest you.

Physicians serve on the local chapter's medical advisory committee, guiding the chapter in developing medical care programs and solving allied problems. The Journal urges you to cooperate with the chapters of the National Foundation in furthering their programs of medical care. Notify the local chapter when a poliomyelitis patient comes under your supervision. Make certain that the family of your patient knows of the chapter's existence and willingness to assist. By so doing you will be performing an

essential service to your patient and relieving yourself of many unnecessary burdens.

INFLATION VERSUS DEFLATION

In the Wall Street Journal of July 15 there appeared an editorial entitled "Precept and Performance," which is of moment to all taxpayers. It is of sufficient interest to merit reproduction here in full.

"We have just addressed a very personal question to a caller. We asked him what his income tax was, and he said it was $500 a year.

"We then asked this caller how many tons of coal he used each year. He said eight.

"So if the price of his coal should go up by $1 a ton, his added cost of living would be $8 for the year. President Truman is very eager that the coal operators should not take this $8 from the man and in a statement Monday expressed such hope.

"On the same day, President Truman again let it be known that he would veto the tax bill which is to come to him from Congress. The tax bill would reduce our caller's income tax by $100 a year.

"It is very bad to charge people higher prices; that is inflation. But it seems there is an exception. The higher price of government is deflation.

"Along with his plea to coal operators, Mr. Truman said he hoped that steel men would not raise prices. The price of steel is about 33 per cent above its pre-war figure. Lately the steel men have raised the wages of their own employees by a sizable amount without raising their prices. Now their coal is to cost more but again they are put under pressure not to raise prices.

"The cost of government is already several hundred per cent above pre-war. But the very people who are managing government and who in the main are resisting any cuts in the price of government are now advising the steel men and the coal men that they must not increase their prices.

"And see how the law of supply and demand is working. People want more steel and things made of steel and they want all the coal that can be mined. But there is no doubt in the world that they want less government."

PUBLIC RELATIONS PROGRAM

Initial steps in the development of an organized public relations program by the Florida Medical Association have been taken with the approval of a charter for the Florida Academy of Public Medicine, Inc. Drs. W. C. Thomas and Shaler Richardson are presently serving as president and secretary, respectively, of the new corporation. The officers have met and approved the by-laws and have taken into consideration subsequent meetings to iron out the many details. It is contemplated that the additional groundwork can be completed in the near future and a definite public relations program approved. The primary objective of the Florida Academy of Public Medicine is disseminating to the public information regarding the untold work being done by the physicians of Florida in the interest of the health and welfare of the people of Florida.

After many months of careful consideration on the part of the Public Relations Committee, Mr. Ernest R. Gibson was selected as the Public Relations Director. He will serve in the capacity of Executive Secretary of the Florida Academy of Public Medicine. To carry out this work, an office has been set up in the Smith Building, Jacksonville. Mr. Gibson began work early in April and spent the first two months in Tallahassee. Organization of the new corporation and development of a specific public relations program were delayed temporarily pending the termination of the legislative session.

Although the idea of good public relations is not new to the members of the Association, the establishment of a carefully planned program under the direction of a full-time supervisor is a departure from previous policies. Florida is not the first to take this step. Several other state societies are seriously considering the problem.

In view of the fact that other state associations have pioneered to some extent in this venture, the officers of the Florida Academy of Public Medicine deemed it advisable to make a firsthand survey to learn what has been accomplished elsewhere. It was believed that much could be learned in determining which policies are sound and, on the other hand, which methods should be avoided. This is presently being done.

During July Mr. Gibson went on a tour of several states in which medical societies have already initiated definite public relations programs. In selecting which state societies to con-

tact, the officers of the Academy kept in mind that it should be profitable to get a reasonable cross-section of the activities in both the large and small organizations. In the original itinerary were included some of the smaller states, two of which are Southern, and a few of the larger organizations which have fairly elaborate programs.

The tour is now virtually completed with observations having been made in South Carolina, Virginia, Ohio, Wisconsin and Michigan, and at the offices of the American Medical Association in Chicago. Mr. Gibson reports that public relations policies fall into a very general pattern wherever observed, the difference being mainly in degree.

The complete report of this journey will be studied by the officers of the Academy that it may assist them in establishing a practical public relations program which will be of mutual benefit to the members of the Association and to all the people of Florida.

FIRST 'GRASS ROOTS CONFERENCE' REPORT

W. C. McCONNELL, M.D.
ST. PETERSBURG

I am honored to have been appointed to represent the Florida Medical Association at the National Conference of County Medical Society Officers, held in connection with the centennial celebration of the American Medical Association. This first "Grass Roots Conference," which was planned to develop a working partnership between the American Medical Association and every physician, was held in the American Room of the Hotel Traymore in Atlantic City, N. J., Sunday, June 8, 1947 at 2:30 p.m. All fellows of the association were invited, and because of no conflicting activities, the large assembly room was well filled.

The speakers' table was set on the platform with the members of the panel facing the audience. There were a goodly number of microphones on the table and scattered throughout the hall. Dr. A. M. Mitchell of Terre Haute, Ind., was the chairman and insisted that speakers use the amplifiers. Dr. George F. Lull, Secretary and General Manager of the American Medical Association, opened the program with a brief address of welcome.

Questions presented were in writing. When the chairman read a question submitted by a member, he called upon one of the thirteen panel members to open the discussion. General discussion was thereafter invited. Some questions were irrelevant to practice in Florida and are not included in this report.

The trend of the whole meeting was to place emphasis on the importance of general practice. If a specialist, in attendance, were sensitive, his ears would have burned constantly.

The questions that might be of interest to Florida physicians and the summaries of replies are as follows:

Question.—How may doctors be forced to complete hospital records without suspension?

Answer.—Employ a librarian with tact, who can get doctors to dictate records and sign charts.

Question.—Why not have a definite committee to arbitrate disputes between the staff of a hospital and its board of directors?

Answer.—Disputes do not occur when the majority of the members of the board are also staff members. In Toledo, the executive staff is the board of directors of two or three large hospitals.

Question.—Are plans for a specialty board being formulated to accredit general practitioners?

(This question brought forth much discussion.)

Answer.—Indiana has such a board, but it is not the answer. Specialty boards were created to identify qualified specialists. To select general practitioners by a board would leave the masses of doctors out because they could not qualify if the board followed the strict pattern of specialty boards, and this step would tear organized medicine apart. It would cause the man who could not qualify to lose interest in scientific medicine, and practice would become a vocation without the stimulation of advancement. The contention was that medical schools graduate general practitioners and state boards of licensure approve or disapprove them, and that procedure is adequate.

A general practitioner has been added to the Council of Medical Education and Hospitals in view of establishing machinery for general practice postgraduate courses with recorded credit for attendance by general practitioners. The idea has not received cooperation or interest, and each state has been left to pick out its own program. (Florida has had an excellent program for years.)

Medical schools were criticized because medical students are taught by specialists. A representative of the American Medical Association declared that plans are being made to revise medical education. Specialty boards received their share of criticism, and it was stated that boards are making it impossible for general practitioners to specialize. Strong contention exists that no man should be accredited as a specialist until he has had an adequate number of years in general practice. It was stated that if all groups emphasized the importance of general practice to the public, there would be no need of controversy. One man suggested that "general physician" replace the term "general practitioner," and another thought that "family physician" would renew the enviable doctor-patient relationship held before the advent of specialization.

The situation regarding the hospital—general practitioner relationship entered the discussion under this question. It seems that some hospitals are essentially eliminating general practitioners by having specialty staffs. The opinions expressed summarized the thought that although hospitals should limit general practitioners' duties in the hospital because the American Medical Association and the American College of Surgeons cannot control staff activities by boards, all hospitals should accept them. If general practitioners are not allowed the use of hospital facilities, the argument against socialized medicine which upholds the right of the patient to select the physician is refuted. One rural physician brought out the thought that general practitioners have been delivering, in homes, babies that lived, and had been using kitchen tables on which to operate on patients that lived. In Los Angeles, staffs are classified as general practice surgeons, general practice internists and general practitioners in addition to members accredited in limited fields.

Rural health was next discussed. Under this heading several questions were read.

Question.—How can competent physicians be induced to locate in rural areas?

Answer.—Organized farm groups to assure financial reward and rural hospitals.

Question.—How can recognition be given the rural practitioner?

Answer.—He gets all he needs by being important in his community.

Question.—How can the prepayment plan serve rural areas?

Answer.—It is difficult to make it work, for plans must be operated in fixed groups and farmers are poorly organized. No plan can insure individual families. It does work through granges in some areas.

Question.—How can a county medical society designate a legislative program?

Answer.—Start in the primaries. (The Pinellas County Society does this.)

Question.—Is the state or county association the component unit of the American Medical Association?

Answer.—The state association.

Question.—In what spheres does the county society contact the American Medical Association directly?

Answer.—In council and bureau activities.

Question.—Has the American Medical Association taken steps to prevent duplication of mistakes in case of another war?

Answer.—Yes. This reply was followed by a brief but noncommittal comment by a panel member.

---

313 First Federal Building.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

Dr. and Mrs. Harry S. Howell, Lake City, announce the birth of a son, John Edgar, on June 25, 1947.

DEATHS—MEMBERS

Dr. William C. Rentz, Miami.....July 8, 1947
Dr. Alpheus K. Wilson, Jacksonville.....July 24, 1947
Dr. Robert D. Ferguson, Ocala.....July 26, 1947

DEATHS—OTHER DOCTORS

Dr. Charles W. Harper, Chipley.....July 17, 1947
Dr. Alexander R. Freeman, Albany, Ga.....March 29, 1947
Dr. George E. Perkins, Boston, Mass.....April 3, 1947

MARRIAGES

Dr. James Ralston Wells of Jackson, Miss., and Miss Annie Wood Borden of Daytona Beach were married on July 12, 1947.

Dr. Horace D. Atkinson and Mrs. Pauline H. Hildebrand of Lakeland were married in February 1947.

Dr. Billy Parrish Rentz of Miami and Miss Dorothy Elizabeth McDaniel of Stone Mountain, Ga., were married on June 26, 1947.

STATE NEWS ITEMS

The Scientific Work Committee is now ready and in a receptive mood to receive applications to present papers at the Scientific Assembly during the Association's annual meeting to be held in St. Augustine, April 1948. Essayists who desire to present papers are requested to communicate promptly with Dr. J. Rocher Chappell, 413 Florida Bank Bldg., Orlando.

Objection was raised by Honorable J. Edwin Larson, State Insurance Commissioner, to a portion of the wording of an advertisement run in The Journal for the Mutual Benefit Health and Accident Association of Omaha, Neb., and United Benefit Life Insurance Company of Omaha, Neb. After the June issue, The Journal discontinued the advertisement until the details could be straightened out.

The wording of the advertisement has been corrected and now has the full approval of the J. Edwin Larsen, and the page advertisement of these companies as corrected now appears in this issue of The Journal.

Any member of the Florida Medical Association holding a policy sold prior to the correction is eligible to have his policy reworded without additional cost. It is the contention of the Mutual Benefit Health and Accident Association and the United Benefit Life Insurance Company that the correction of the wording in the policy is a matter of form and that the policy as originally written gives the same coverage, with or without the correction of the terms used.

A number of communications have been received from members of the Association who seem to misunderstand the procedure, and this statement is published for the information of our members.

Dr. Daniel H. Rowe of Louisiana has been appointed health officer of the administrative health unit composed of DeSoto, Charlotte and Hardee Counties with headquarters at Arcadia, Florida.

Drs. H. Mason Smith and Samuel G. Hibbs of Tampa announce the association of Dr. J. Robert Campbell in the practice of psychiatry and neurology. The association known as the Mason Smith Neurological Clinic has its offices at 349 Plant Avenue.

Dr. Anna A. Darrow of Ft. Lauderdale was awarded a $1,000 war bond for her entry in the ninth annual exhibition of the American Physicians Art Association, a feature of the centennial celebration of the American Medical Association at Atlantic City in July. The only physician from Florida and one of four women physicians competing, Dr. Darrow was one of ten civilian physicians winning second prize. Her painting in oils featured courage and devotion of motherhood, both human and animal, depicting the bravery of the poineer woman physician in the Everglades country at the turn of the century.

Drs. Samuel C. Harvard and George R. Creekmore of Brooksville officially reported activities of the Underprivileged Child Committee at the July 22 meeting of the Kiwanis Club. Twenty-three tonsillectomies among underprivileged children have been completed, according to the report. Dr. Creekmore was presented a ten-year attendance tab signifying ten years' regular attendance.

ANNUAL MEETING DATES—1948

The Seventy-Fourth Annual Meeting of the Florida Medical Association at St. Augustine is scheduled for April 12, 13 and 14, 1948. The dates officially were set by the Association's Board of Governors. The first session of the state meeting is scheduled for Monday morning.

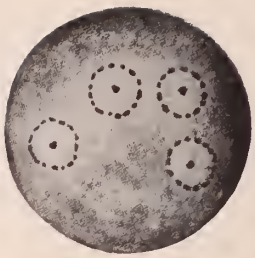
Members who wish to present papers at the annual meeting should make application without delay to Dr. J. Rocher Chappell, 413 Fla. Bank Bldg., Orlando, Chairman of the Association's Committee on Scientific Work.

Specialty groups may hold their meetings Saturday night, Sunday or Sunday night preceding the State Association's meeting date.

WANTED: Graduate physician with Florida license experienced in internal medicine with knowledge of use of physiotherapy for institutional service in Miami area. 69-12.

WANTED: Location in Florida for general practice in town where medical doctor is needed. Also experienced refractionist and willing to accept such position. Address Florida Medical Association, Jacksonville, Florida. Key 69-10.

AMEBIASIS





"The symptoms of amebiasis are bizarre and simulate other diseases. The amebic etiology should not be overlooked, since it is impossible to foretell when amebic dysentery may develop." [1]

The nonirritating, orally administered, high iodine amebacide —Diodoquin (5,7-diiodo-8-hydroxyquinoline)—"is well tolerated. . . . The great advantage of this simple treatment is that in the vast majority, it destroys the cysts of *E. histolytica* and is, therefore, especially valuable in sterilizing 'cyst-carriers.' It can readily be taken by ambulant patients...." [2]

1. D'Antoni, J. S.: Amebiasis, Recent Concepts of Its Prevalence, Symptamatology, Diagnasis and Treatment, Internat. Clinics 1:100 (March) 1942.

2. Mansan-Bahr, P.: Same Tropical Diseases in General Practice, Glasgaw, M. J. 27:123 (May) 1946.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

DIODOQUIN
(5,7-DIIODO-8-HYDROXYQUINOLINE)

In bottles of 100 and 1000 tablets.

Diodoquin is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois

SEARLE
RESEARCH IN THE SERVICE OF MEDICINE

MEDICAL OFFICERS RETURNED

Dr. A. Judson Graves, who entered military service Sept. 7, 1941, received his discharge on Mar. 21, 1946. His address is 2002 Park St., Jacksonville. He held the rank of Commander.

RADIO PROGRAM TIME CHANGE

A new time of presentation has been announced by the Bureau of Health Education for the AMA-Mutual Broadcasting System weekly radio dramatization, "Stephen Graham, Family Doctor." This program, just extended to November 17, will now be aired each Sunday afternoon at 2 o'clock, Eastern Standard Time.

ANNOUNCEMENT

MEDICAL DISTRICT MEETINGS

The Chairman of the Council, Dr. W. Duncan Owens, has just announced that the dates of the four Medical District meetings have been officially set by the Council as follows:

Panama City, Monday, Oct. 27, 1947
Lakeland, Wednesday, Oct. 29, 1947
Ft. Pierce, Thursday, Oct. 30, 1947
St. Augustine, Saturday, Nov. 1, 1947

Every member of the Association is urged to make a note of these dates and make plans to attend the meeting in his district and any of the other three meetings as desired.

ALPHEUS KELLER WILSON

Dr. A. K. Wilson of Jacksonville died on July 24, 1947, following a heart attack. He was 68 years of age.

Born in Suwannee County, Dr. Wilson was a graduate of the old State College at Lake City and the Medical College of the State of South Carolina. He had special training in ophthalmology and otolaryngology at Tulane University in 1918 and confined his practice to these specialties. In 1926 he did postgraduate work in Vienna and through the years attended numerous postgraduate courses in the United States. He began the practice of medicine in Jacksonville in 1910.

Dr. Wilson was a member of the staff of St. Luke's and Duval County hospitals and during World War II contributed his services as Selective Service examiner. He was a member of the Duval County Medical Society, the Florida Medical Association, the American Medical Association and the American Board of Ophthalmology. Also, he was a fellow of the American College of Surgeons.

In 1913 he married Miss Gertrude Elliott, who survives. Also surviving are a daughter, Mrs. J. Harold Tramell, Jacksonville; two sisters, Mrs. Pearl E. Schlemmer, Ocala, and Miss Anna Yancey, Weirsdale; and two brothers, Hugh A. and Sam Wilson, Lake City.

WILLIAM CARL RENTZ, SR.

Dr. W. C. Rentz, Sr., of Miami died at his home on July 8, 1947, after suffering a cerebral hemorrhage. He was 61 years of age.

A native of Berrien County, Georgia, Dr. Rentz received his medical training at Emory University School of Medicine. After graduation, he practiced in Nashville, Ga., for eleven years before locating in Miami in 1926.

Dr. Rentz served on the staff of Jackson Memorial Hospital for seventeen years. He was a member of the Dade County Medical Association, the Florida Medical Association and the American Medical Association.

Surviving are his widow, Ida Parrish Rentz, eight children, ten grandchildren, a brother and three sisters. His children, all of Miami, are Dr. W. Carlton Rentz, Mrs. J. G. Grentner, Mrs. Ben Hendricks, Mrs. Richard Roland, Mrs. Jack Worley, Mrs. Reddick Harris, Dr. Billy Parrish Rentz and Miss Ida Lee Rentz. His brother, Dr. L. S. Rentz, is a Coconut Grove physician, and Dr. Frank Rentz is a nephew. The sisters are Mrs. Olan Futch, Nashville, Ga., Mrs. Arlie Futch, Adel, Ga. and Mrs. Robert Griffin, Tampa.

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing

MIAMI SURGICAL COMPANY
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory
Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street MIAMI 4, FLORIDA

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

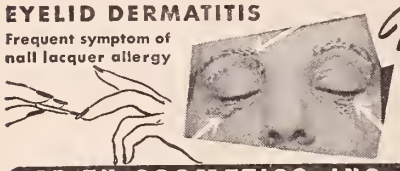
MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New AR-EX HYPO-ALLERGENIC NAIL POLISH

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY
AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

The Brown Schools
INC.

FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas

"by the tenth or twelfth day of life...

"... vitamin D in a concentrated form ... should be started."[1]



White's Cod Liver Oil Concentrate *Liquid* provides the wholly *natural* vitamins A and D derived exclusively from time-proved cod liver oil itself—the standard by which all antirachitic agents are measured. In liquid form for drop dosage to infants—convenient, palatable, economical.

1. Anderson, N. A.: Penn. Med. J., *48*:566-8 (Mar.) 1945

White Laboratories, Inc., Newark 7, N. J.



the boy with the "hollow legs"

Periods of rapid growth and heightened metabolism call for *intensified* antirachitic therapy. White's Cod Liver Oil Concentrate *Tablets* provide the wholly *natural* vitamins A and D—in so pleasant tasting a form that even finicky young patients gladly cooperate.

White Laboratories, Inc., Newark 7, N. J.



BAUSCH & LOMB **Jauntee**
IN FUL-VUE

Fashion favorite with your patients—the popular Jauntee. Designed for easy fitting, this sparkling zyl frame comes in two eye sizes, with five bridge widths in each. Optically correct, Jauntee is made for seeing—and to be seen. Another Bausch & Lomb leader!

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of
BAUSCH & LOMB PRODUCTS



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye

Fellow of the American Psychiatric Association

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET

JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

J. K. ATTWOOD, Pharmacist

Medical Arts Building

1022 Park Street

JACKSONVILLE 4, FLORIDA

BIOLIGICALS **TEST SOLUTIONS**

STAINS (MICROSCOPIC)

PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable **Convenient**
Site High and Healthful

E. W. Allen, M.D., *Department for Men*
H. D. Allen, M.D., *Department for Women*
Terms Reasonable

Cook County
Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting September 22, October 20, November 17.
Four Weeks Course in General Surgery starting September 8, October 6, November 3.
Two Weeks Surgical Anatomy & Clinical Surgery starting September 22, October 20, November 17.
One Week Surgery of Colon & Rectum starting September 15, and November 3.
Two Weeks Surgical Pathology every two weeks.
FRACTURES AND TRAUMATIC SURGERY—Two Weeks Intensive Course starting October 6.
GYNECOLOGY—Two Weeks Intensive Course starting September 22, October 20.
One Week Course in Vaginal Approach to Pelvic Surgery starting September 15 and October 13.
OBSTETRICS—Two Weeks Intensive Course starting September 8, October 6.
MEDICINE—Two Weeks Intensive Course starting October 6.
Two Weeks Gastro-Enterology starting October 20.
Two Weeks Course Hematology starting September 29.
One Month Course Electrocardiography & Heart Disease starting September 15.
DERMATOLOGY & SYPHILOLOGY—Two Weeks Course starting October 20.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital.

Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 1948
Florida Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
A-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Panama City, Oct. 27, 1947
B-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	St. Augustine, Nov. 1, 1947
C-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Lakeland, Oct. 29, 1947
D-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	Fort Pierce, Oct. 30, 1947
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta. Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Academy of Medicine	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	St. Augustine, 1948
Basic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, Nov. 1, 1947
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
Health Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
Hospital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Industrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, Nov. 25-26, 1947
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	Jacksonville
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
Public Health Association	Frank V. Chappell, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
Radiological Society	J. Maxcy Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Atlanta, Ga., Mar. 8-11, 1948

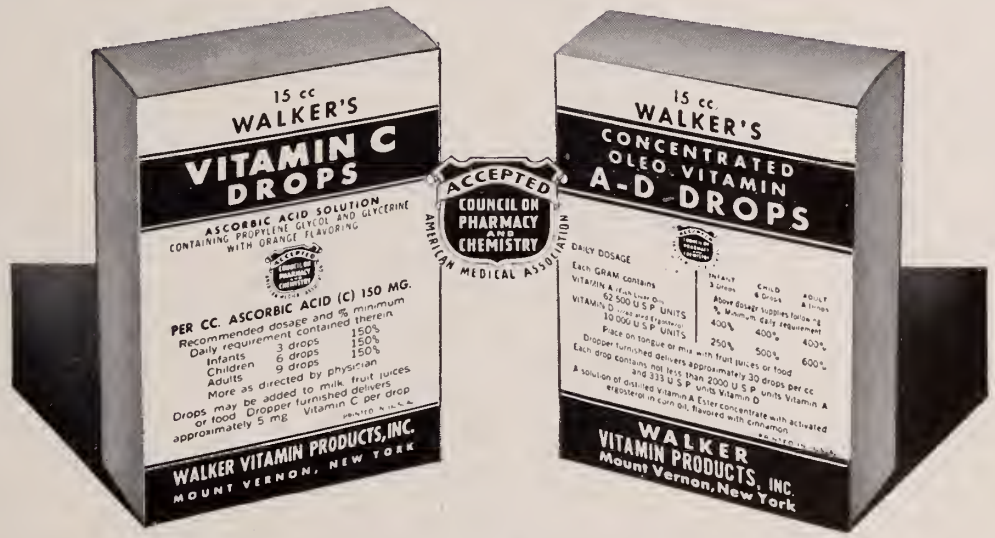
	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		13	100%	
A	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	56	54	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	2	
A	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
A	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
B	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	16	14	A-2-49 Irby H. Black, M.D. Live Oak
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	43	41	
B	Madison-Suwannee	Josbua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		10	100%	
B	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	177
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Wednesday 7:30 P.M.	32	28	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
B	Duval 'Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	218	208	
B	Marion .Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaba Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	28	100%	
B	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
B	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	100%	
B	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. R. Cafaro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	100%	
B	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	11	B-4-49 Rabun H. Williams, M.D. Eustis
B	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	20	17	
B	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	125	121	
B	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
B	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beacb	2nd Tuesday 7:30 P.M.	52	48	534
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	134	100%	C-5-49 John M. Butcher, M.D. Sarasota
C	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	16	100%	
C	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	100%	
C	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	147	100%	
C	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrill Apts. Sarasota	2nd Tuesday 8:30 P.M.	24	100%	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula	2nd Tuesday 8:00 P.M.	21	100%	
C	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Leon Bldg Fort Myers	3rd Tuesday 7:30 P.M.	20	15	C-6-48 James R. Boulware, Jr., M.D. Lakeland
C	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	74	70	449
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	84	80	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	19	100%	
D	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. First National Bank Bldg. Hollywood	4th Tuesday 8:00 P.M.	59	56	D-8-49 Russell B Carson, M.D. Ft. Lauderdale
D	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	417	407	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	100%	589

*Supervise and aid until organized separately.

Total 1749

WALKER

COUNCIL-ACCEPTED VITAMIN DROPS



Potent, convenient, flexible dosage form
Designated for use in pediatrics and geriatrics

VITAMIN C DROPS

Each drop supplies 5 mg. of vitamin C

Supplied in dropper bottles of 15 cc.

CONCENTRATED OLEO VITAMIN A-D DROPS

Each drop supplies 2,000 units vitamin A, 333 units vitamin D

Supplied in dropper bottles of 15 cc. and 60 cc.

Walker VITAMIN PRODUCTS, INC., MOUNT VERNON, N. Y.

1000 cc. flasks
500 cc. flasks
125 cc. flasks
for hospitals.



COUNCIL-ACCEPTED

AMIGEN

for parenteral administration of amino acids

The function of Amigen and Protolysate is to supply the amino acids essential for nutrition. Both can be given in place of protein when protein cannot be eaten or digested, or in addition to protein when the protein intake is insufficient. Administered in adequate amounts, they prevent wastage of protein, restore previous losses, or build up new body protein.

COUNCIL-ACCEPTED

PROTOLYSATE

for oral and tube feeding of amino acids



1 lb. cans at drug stores

Like Amigen, Protolysate is an enzymic digest of casein and consists of amino acids and polypeptides. Like Amigen, Protolysate supplies the nitrogen essential for maintenance, repair and growth.

Unlike Amigen, which may be employed both orally and parenterally, Protolysate is designed only for oral use.

MEAD JOHNSON & CO., EVANSVILLE 21, INDIANA

There is no shortage now of AMIGEN for parenteral use. There is no shortage now of PROTOLYSATE for oral use.

NEW YORK ACADEMY OF 2
MEDICINE
2 E 103RD ST
NEW YORK N Y 29

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV OCTOBER, 1947 No. 4

IN THIS ISSUE

THE N.Y. ACADEMY OF MEDICINE
OCT 16 1947
LIBRARY

Curare
Thomas E. Daly

Socialized Medicine
Harold D. Van Schaick

Better Public Relations Needed—
Not More Publicity
An Editorial

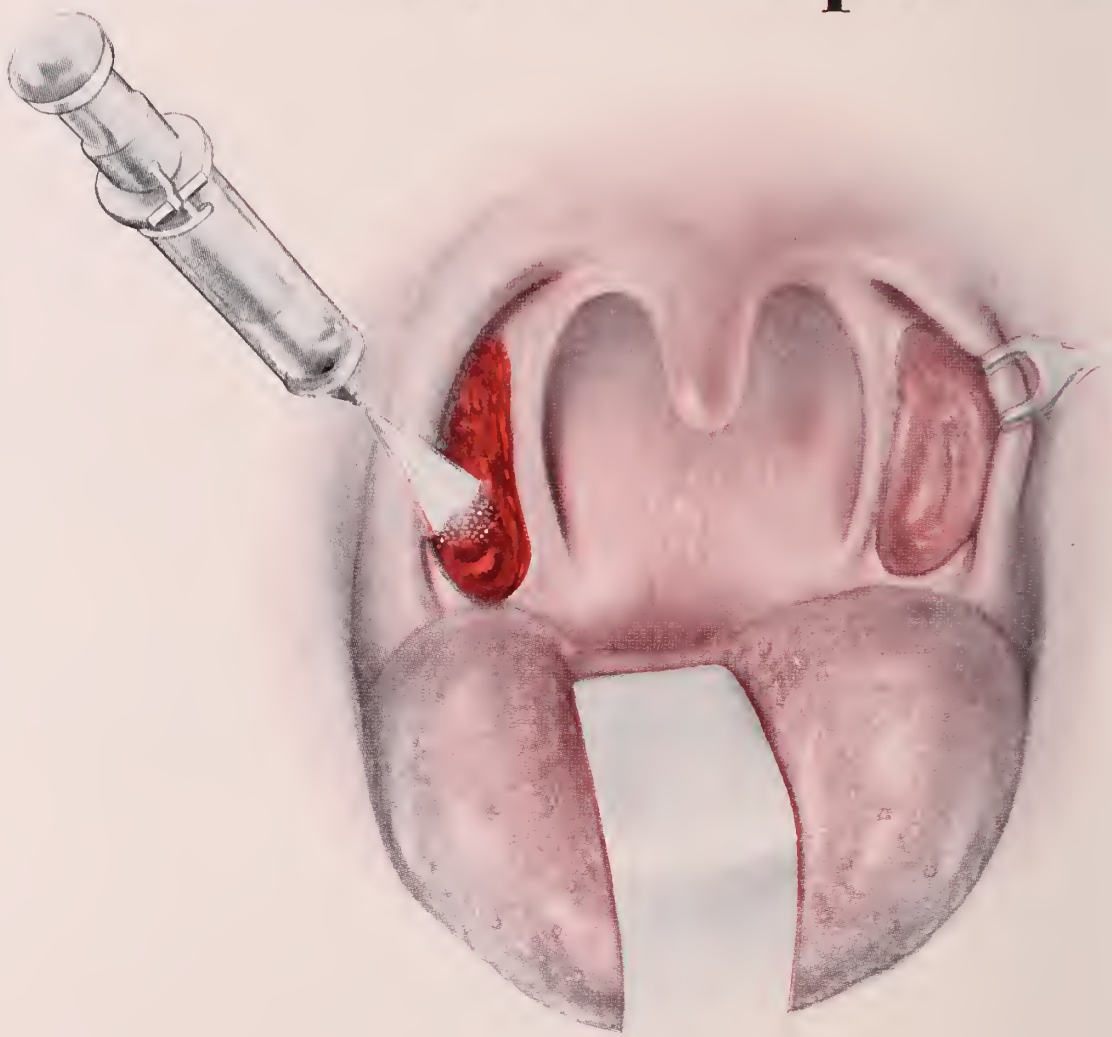
Medical District Meetings
(Page 223)

(Complete Table of Contents on Page 184)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

SYMBOLS OF SIGNIFICANCE

Thrombin Topical



Capillary hemorrhage, defying control by hemostat and ligature, speedily yields to THROMBIN TOPICAL. Seconds after local application, the operative field can be cleared of capillary bleeding.

THROMBIN TOPICAL affords prompt, on-the-spot clotting action. It is one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of therapeutic significance—

MEDICAMENTA VERA.

THROMBIN TOPICAL (Bovine Origin) is available in 5,000-unit ampoules, each packed with a 5 cc. ampoule of sterile, isotonic saline diluent.



PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of Octoher 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida

Price $5.00 a year. Single numbers, 50 cents

This Journal is not responsible for the opinions and statements of its contrihutors.

Address Journal of the Florida Medical Association,
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS

	PAGE
Curare, Thomas E. Daly, M.D., West Palm Beach	207
Socialized Medicine, Harold D. Van Schaick, M.D., Miami Beach	212
Appendectomy and Care of the Appendix Stump, Raymond H. Center, M.D., Clearwater	218
Abstracts of Medical Articles	219
Officers and Committees of F.M.A.	220
Editorials: Better Public Relations Needed—Not More Publicity; The Supply of Nurses; Inspection of Milk; Health Insurance Legislation from a Columnist's Viewpoint; Hospital Service	221
Medical District Meetings	223
Public Relations	223
Report of Delegates to A.M.A. Convention	226
Medical Licenses Granted	227
Marriages and Deaths	228
Medical Officers Returned	228
Southern Medical Association Meeting	228
State News Items	229
Component County Societies	230
Obituaries	230
Books Received	234
Schedule of Meetings	237
List of County Medical Societies, Presidents and Secretaries	238

The Brown Schools
INC.
FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.

for the menopausal woman



THERAPEUTIC DIVIDENDS

beyond the relief of

vasomotor symptoms

AMNIOTIN DIVIDEND → *Therapeutic follow-through:* A heightened sense of well-being, increased strength and vigor, and general relief are inherent in Amniotin therapy — therapy beyond the relief of vasomotor symptoms.

AMNIOTIN DIVIDEND → *Safeguarded by nature:* Amniotin therapy does not interfere with physiologic safeguards regulating estrogen metabolism. Side effects such as dizziness, fatigue, nausea and vomiting are infrequent with Amniotin therapy.

AMNIOTIN DIVIDEND → *At nature's pace:* Amniotin is administered in essentially the same manner as the ovary itself elaborates estrogens — in relatively small amounts at a relatively constant rate.

AMNIOTIN DIVIDEND → *Three convenient forms:* Therapy with Amniotin is flexible, easily adapted to individual therapeusis. Its oral and intramuscular forms are in potencies readily adjusted to the pace of estrogenic activity established by the ovary itself. Amniotin is also available in capsule-suppositories for intravaginal administration.

Amniotin
TRADEMARK

COMPLEX NATURAL MIXED ESTROGENS

SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

VOLUME XXXIV
NUMBER 4

For better skin care

Even the mildest soaps contain fatty acids and alkali which, on continued use, may become a source of irritation that produces or aggravates eczematous lesions.

pHisoderm the modern soapless detergent, has the same *pH* as the normal skin and is hypoallergenic, containing no fatty acids, alkali, color or perfume. *pHisoderm* effectively cleans without irritation. It makes an abundant lather in hard and cold water, and is approximately 40 per cent more surface active than soap.

Write for detailed literature and samples.



pHisoderm
Trademark reg. U. S. Pat. Off. & Canada

sudsing detergent cream

Regular, Oily and Dry Types in bottles of 2 oz., 7 oz., 12 oz. and 1 gallon. Also in 3 oz. refillable hand dispensers.

WINTHROP

Winthrop
CHEMICAL COMPANY, INC.
NEW YORK 13, N. Y. • WINDSOR, ONT.



Formulac

is vitamin-fortified

A product of National Dairy research, Formulac Infant Food is fortified with all the vitamins known to be necessary for adequate infant nutrition. Incorporating the vitamins *into the milk itself* reduces the risk of human error or oversight in supplementary administration.

Formulac is a concentrated milk in liquid form. It contains sufficient vitamins of the B complex, Vitamin C in stabilized form, Vitamin D (800 U.S.P. units), copper, manganese and easily assimilated ferric lactate—rendering it an adequate formula basis both for normal and difficult feeding cases. *No carbohydrate has been added to* Formulac. It contains only the natural lactose found in cow's milk.

Formulac is promoted ethically, to the medical profession alone. It has been tested clinically, and proved satisfactory in promoting normal development and growth. Manufactured under the Sealtest system of quality control, Formulac is available in drug and grocery stores from coast to coast.

• For further information about FORMULAC, and for professional samples, drop a card to National Dairy Products Company, Inc., 230 Park Avenue, New York 17, N. Y.



DISTRIBUTED BY KRAFT FOODS COMPANY

NATIONAL DAIRY PRODUCTS COMPANY, INC.

NEW YORK, N. Y.



FACTS ABOUT Ramses TRADEMARK REG. U.S. PAT. OFF. VAGINAL JELLY

- Immobilizes sperm in the fastest time recognized under the Brown and Gamble measurement technique;
- Does not liquefy at body temperature nor separate on standing . . . not unduly lubricating;
- Maintains an occlusive film over the cervix uteri for as long as 10 hours after coitus as confirmed by direct-color photography;
- Nonirritating and nontoxic, therefore suitable for continuous use.

For the optimum protection which can be furnished by a vaginal jelly—"RAMSES"* Vaginal Jelly can be specified with the confidence that no better product is available. Active ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division

JULIUS SCHMID, INC., 423 W. 55th St., New York 19, N. Y.

quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



The EDGEWOOD . . .



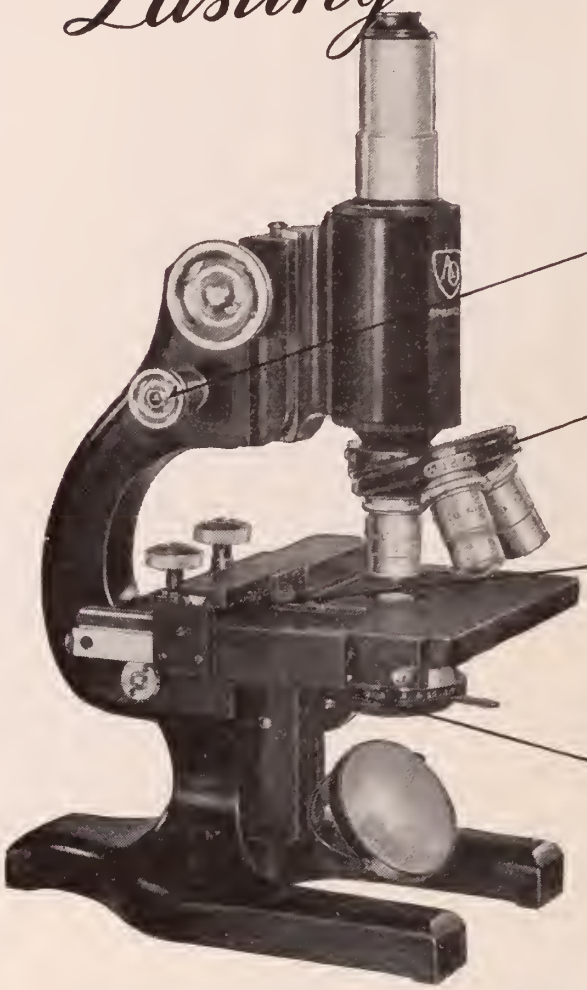
A Distinctive Southern Sanitarium Fully Equipped for Complete Diagnosis and Treatment of Nervous and Mental Disorders . . . in An Atmosphere of Congenial Friendliness and Quiet Charm.

The Edgewood offers all approved therapeutic aids; complete bath departments; supervised individual physical rehabilitation programs. Living accommodations are private and comfortable. Recreational facilities excellent. Full time psychiatrists and adequate nurses and psychiatric aides assure individual care and treatment. More detailed information on request.

Psychiatrist-In-Charge ORIN R. YOST, M.D.

AIKEN *The* EDGEWOOD SOUTH CAROLINA

Lasting Precision

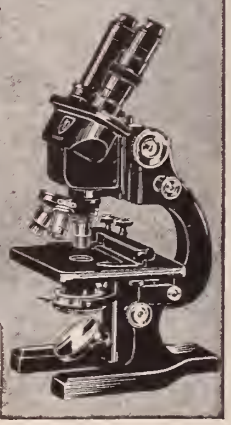


HERE Micrometer Screw Type Fine Adjustment. Twenty-seven threads engaged at all times.

HERE Dual-Cone Noseplece. Twice the usual bearing surface. Always correctly aligned.

HERE Mechonical Stoge. Chrome agoinst brass bearing octlon. Binding is elimlnoted.

HERE Fork-Type Substoge. Condensers interchanged quickly and easily. Positive olignment.



Distinguishes Spencer Medical Microscopes

Precision design of a microscope stand is as important as the quality of optics. Spencer No. 33 Microscope (above) and Binocular Microscope No. 13 (right) incorporate many mechanical features for durability and convenient examination of specimens.



Surgical Supply Company

Established 1916

T. EMMETT ANDERSON, Pres. & Gen. Mgr. FRANK E. COOPER JR., V Pres.

WHOLESALE DISTRIBUTORS OF HOSPITAL, LABORATORY, INSTITUTIONAL & PHYSICIANS EQUIPMENT & SUPPLIES, DRUG SPECIALTIES, CHEMICALS

FLORIDA AGENT MATTERN X-RAYS

JACKSONVILLE *TAMPA* *ST. PETERSBURG*

"Man that is born of a woman is of few days, and full of trouble." Job XIV, 1



Even in the face of great advances in medical knowledge, the lives of many infants are still literally "of few days and full of trouble," for 62.1% of the total infant mortality occurs within 30 days after birth.* During this fatal first month, every precaution must be taken to ward off troubles of early infancy.

Adequate nutrition, resistance to disease and freedom from hazardous diarrhea, colic or digestive upset all may be materially advanced by giving special attention to the first feedings.

'Dexin' has proved an excellent "first carbohydrate" because of its high dextrin content. It (1) resists fermentation by the usual intestinal organisms; (2) tends to hold gas formation, distention and diarrhea to a minimum; and (3) promotes the formation of soft, flocculent, easily digested curds.

Simply prepared in hot or cold milk, 'Dexin' brand High Dextrin Carbohydrate provides well-taken and well-retained nourishment. 'Dexin' *does* make a difference

*Vital Statistics—Special Reports: Vol. 25, No. 12, National Office of Vital Statistics, Washington, D. C. (Oct. 15) 1946, p. 206.

HIGH DEXTRIN CARBOHYDRATE 'Dexin' BRAND

Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association.
'Dexin' Reg. Trademark

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 East 41st St., New York 17, N. Y.



FIGURE 1 — Patient — thin type of build with beginning faulty body mechanics. The Camp adjustment provides a more stable pelvis, allowing patient to "draw in" the abdominal muscles thus gradually acquiring a gentle lumbar curve.

FIGURE 2 — Patient — intermediate type of build. Strain of lumbosacral joint predisposes to other strains. For protection of the joints in the lumbar region from recurrent strain and also as an aid in relieving the pain of acute conditions, Camp lumbosacral supports have proved effective.

In the Conservative Treatment of

The Lumbosacral and Lower Lumbar Regions

CAMP SUPPORTS offer advantages

• • • Give firm support to the low back; the support is easily intensified by re-inforcement with pliable steels or the Camp Spinal Brace.

• • • Afford a more stable pelvis to receive the superincumbent load.

• • • Allow freedom for contraction of abdominal muscles under the support in instances of increased lumbar curve (fig. 1).

• • • Are removed easily for prescribed exercises and other physical procedures prescribed by physiatrist or physician.

S. H. CAMP AND COMPANY • JACKSON, MICHIGAN

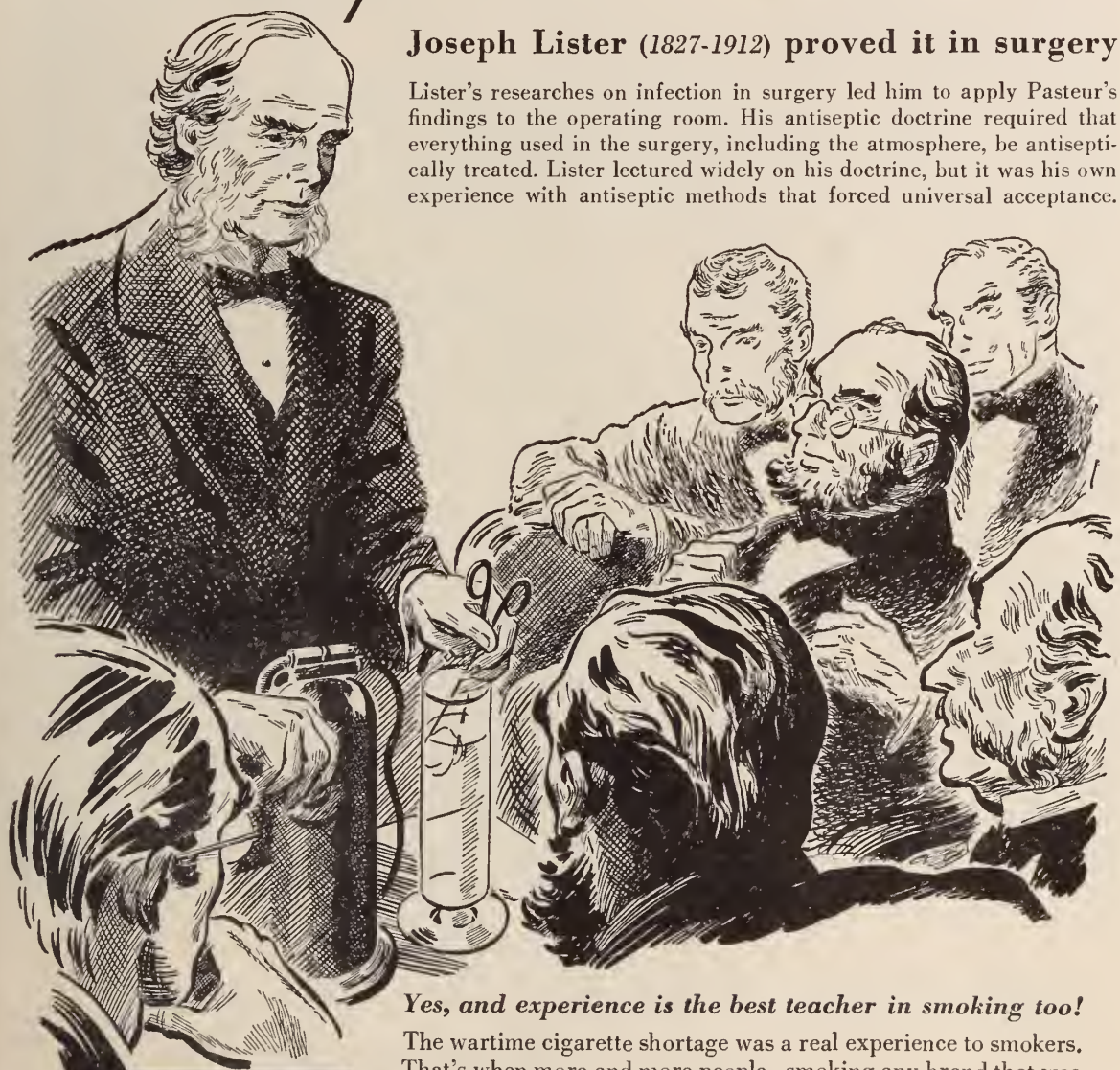
World's Largest Manufacturers of Scientific Supports

Offices in New York • Chicago • Windsor, Ontario • London, England

Experience is the Best Teacher

Joseph Lister (*1827-1912*) proved it in surgery

Lister's researches on infection in surgery led him to apply Pasteur's findings to the operating room. His antiseptic doctrine required that everything used in the surgery, including the atmosphere, be antiseptically treated. Lister lectured widely on his doctrine, but it was his own experience with antiseptic methods that forced universal acceptance.





Yes, and experience is the best teacher in smoking too!

The wartime cigarette shortage was a real experience to smokers. That's when more and more people—smoking any brand that was available—learned the big differences in cigarette quality. So many smokers came to prefer Camels as a result of that experience that more people are smoking Camels than ever before. But, no matter how great the demand, we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.



According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.

Pure..
Wholesome..
Refreshing



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

The pause that refreshes



Pyribenzamine

High-concentration Elixir Pyribenzamine hydrochloride now provides a second administration form of this proved antihistaminic. Containing 20 mg. of Pyribenzamine hydrochloride per 4 cc. (teaspoonful), the Elixir has obvious advantages in special cases, notably in infants and children, and in adults who prefer liquid medication.

Scored tablets of Pyribenzamine also facilitate small dosage when indicated—the 50 mg. tablets are easily broken to provide 25 mg. doses.

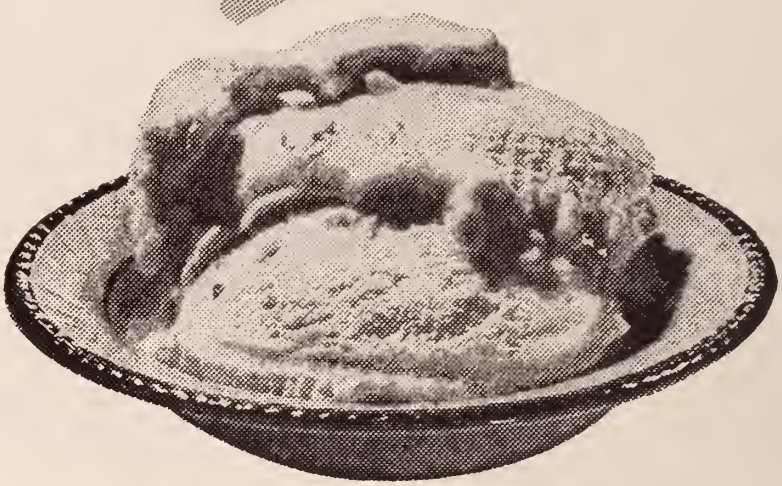
Council Accepted. PYRIBENZAMINE hydrochloride ® (brand of tripelennamine hydrochloride)

CIBA

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.



FOOD
TO WORK AND GROW ON



Yes, Sealtest Ice Cream is chock full of energy and body-building materials. In addition to Vitamin A and calcium, it is rich in other minerals, vitamins and protein, and contains 10 important Amino Acids.

Southern Dairies
Sealtest
ICE CREAM
THE MEASURE OF QUALITY

Tune in the Sealtest Village Store, Thursday Evenings, NBC

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable **Convenient**
Site High and Healthful
E. W. Allen, M.D., *Department for Men*
H. D. Allen, M.D., *Department for Women*
Terms Reasonable



From where I sit
by Joe Marsh

Industry Looks at Our Town

Maybe you happened to read how a group of industrial experts have decided that the small town is the place for industry—not big cities. Reasons they give are better housing, pleasanter living, and more opportunity for wholesome recreation.

Well, looking around our town I'd say that was about right. Most of us own our homes, and keep them looking nice. We enjoy each other's company, and our recreations are mostly simple outdoor sports. In the evening there's a glass of beer with pleasant company.

As Doc Walters says, that sort of life just naturally sets you up for work the next day . . . whether it's in office, mill, or field. And Doc should know. He works fourteen hours, but never misses his morning "constitutional" or his evening mellow glass of beer with friends around.

From where I sit, any industry could profit from being in a town where wholesome living, temperance, and friendship are the rule.

Joe Marsh

Copyright, 1947, United States Brewers Foundation

Reminding people of the value of

PROMPT AND PROPER MEDICAL CARE

To an audience of over 23 million people, in LIFE and other national magazines, Parke-Davis presents a message on a timely subject (shown below). It is No. 207 in the "See Your Doctor" series published in behalf of the medical profession.

A reproduction in full color will be sent on request. Write to Parke, Davis & Company, Detroit 32, Michigan.





Precision Service

Your prescription represents a promise of better vision for your patient. When you send it to our laboratories, you can be confident that your skill will be faithfully interpreted in the finished eyewear. Use our precision service to meet the demands of your growing practice.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of
BAUSCH & LOMB PRODUCTS

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS — **$14,000,000.00** PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
45 years under the same management
400 First National Bank Building, OMAHA 2, NEBRASKA



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

PROFESSIONAL MEN'S PROGRAM

A PLAN OF

INCOME PROTECTION WITH LIFETIME BENEFITS

Available to Eligible Members of the

MEDICAL - DENTAL - LEGAL Professions

Summary of Combined Benefits Provided in Policy Form UG 20 of United Benefit and PG 20 of Mutual Benefit

Monthly Benefit	Double Indemnity Benefits for Specified Travel Accidents	Accidental Death Benefit	Double Accidental Death Benefit for Specified Travel Accidents
$400.00	$800.00	$10,000.00	$20,000.00

SPECIFIC ACCIDENT BENEFITS

	Regular Indemnity	Specified Travel Accidental Death Benefit
Accidental Death	$10,000.00	$20,000.00
Loss of Both Hands	10,000.00	20,000.00
Loss of Both Feet	10,000.00	20,000.00
Loss of Both Eyes	10,000.00	20,000.00
Loss of One Hand and One Foot	10,000.00	20,000.00
Loss of Either Hand, Foot or Eye	3,000.00	6,000.00
Physician's and Surgeon's Fees, for nondisabling injuries	50.00	50.00

MONTHLY DISABILITY BENEFITS

Accident Benefits:		
Total Disability, per month, to age 60	$400.00	$800.00
Total Disability, per month, after age 60	200.00	400.00
Partial Disability, per month	160.00	320.00

Nonconfining Illness incurred prior to age 60
Benefits payable up to age 61, per month $200.00
★Thereafter—even for a LIFETIME—per month ... 100.00

Nonconfining Illness incurred after age 60:
Benefits payable up to twelve full mos., per mo.. 200.00
★Thereafter—even for a LIFETIME—per month ... 100.00

Confining Illness incurred prior to age 60:
Benefits up to age 60, per month 400.00
★Thereafter—even for a LIFETIME—per month ... 200.00

Confining Illness incurred after age 60:
Benefits payable—even for a LIFETIME—per month $200.00

ADDITIONAL BENEFITS
Hospital Benefits (either illness or accident), per month $200.00
Nurse's Benefits (if hospital confinement not required, per month 200.00

Features of this Plan

★ Covers all accidents except certain air travel accidents.
★ Covers all illness except venereal disease and insanity.
★ Benefits payable for any injury incurred while flying as a fare-paying passenger in a scheduled aircraft.
★ Waiver of Premium Provision.
★ No reduction in benefits because of occupational change of duties.
★ Nonaggregate—full limit of benefits paid for each disability.
★ Double Limb Loss Benefits may be paid in one lump sum or in monthly installments for life provided total disability is incurred.
★ Partial disability, Hospital and Nurse's benefits payable up to three months.
★ No Automatic Termination Age.
★ Pays disability benefits regardless of whether disability is immediate.
★ Pays disability resulting from accidental bodily injury the means or the act causing the injury is not a determining factor in the claim.
★ The Companies offer eligible members of your profession policies which guarantee your right to renew except for three reasons only: Nonpayment of premiums; if the insured leaves the practice of the profession; or, if renewals are declined on all like policies issued to members of your profession in your state. This means that the Companies cannot decline to renew any individual policy without similarly declining to renew all like policies issued to members of your profession in your state.

MUTUAL BENEFIT HEALTH AND ACCIDENT ASSOCIATION
OMAHA

Address:
Professional Department
Room 511
Pan-American Bank Bldg.
Miami, Florida

Please send complete information relative to program as offered in the Florida Medical Journal.

Name .....

Address .....

Age .....

UNITED BENEFIT LIFE INSURANCE COMPANY
OMAHA



with accent on the positive

Positive results form the keynote of clinical reports on "Premarin." Prompt remission of distressing menopausal symptoms with comparative freedom from untoward reactions may usually be anticipated with "Premarin."

This symptomatic relief "plus" the accompanying sense of well-being or emotional uplift —so frequently reported by clinicians—give the middle-aged patient a new positive outlook on life.

"Premarin" provides effective estrogenic therapy through the oral route and is available as follows:

Tablets of 2.5 mg. . . . . bottles of 20 and 100
Tablets of 1.25 mg. . . . . bottles of 20, 100 and 1000
Tablets of 0.625 mg. . . . . bottles of 100 and 1000
Liquid, containing 0.625 mg. in each 4 cc. (1 teaspoonful) . bottles of 120 cc.

Ayerst

CONJUGATED ESTROGENS*
(equine)

*While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present in varying small amounts, probably as water-soluble sulfates. The water solubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

"Premarin"®

AYERST, McKENNA & HARRISON Limited

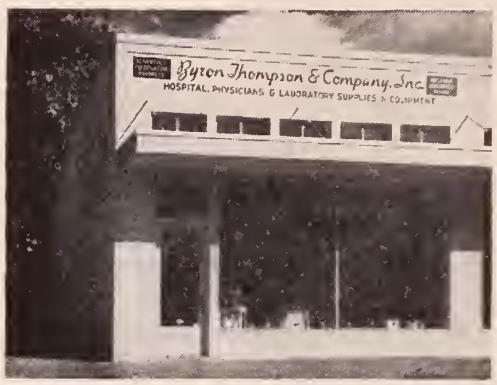
22 EAST 40TH STREET, NEW YORK 16, N. Y

We couldn't have done it



JACKSONVILLE

. . . without the help of our friends!



ORLANDO



MIAMI

THESE friends of ours — the physicians, hospitals, laboratories, institutions and industrial medical departments are an asset of our business that cannot be evaluated, and . . .

It's good will and friendly patronage that's made us, in three short years, the largest distributors of medical and surgical supplies in the South.

Every day, in every way, we're trying to make new friends out of customers by meeting their needs for supplies and rendering a service they can remember as being expert and highly satisfactory, so . . .

If you are a prospective customer let us show you what we can do for you that will make you our friend.

Byron Thompson

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

MIAMI • JACKSONVILLE • ORLANDO

LARGEST DISTRIBUTORS OF MEDICAL & SURGICAL SUPPLIES & EQUIPMENT IN THE SOUTH



pyribenzamine

PYRIBENZAMINE, the new Ciba antihistaminic and anti-allergic, is proving highly useful in relieving the symptoms of a wide range of allergies. Medical reports in impressive numbers show favorable clinical results in urticaria, seasonal and non-seasonal rhinitis, pruritus, and other allergic manifestations. For practical purposes Pyribenzamine can be regarded as giving a comparatively low frequency and intensity of side reactions. This permits tolerance of larger doses and enables the physician to obtain results where smaller doses are not effective.*

*Feinberg, S. M.: J.A.M.A., 132: 702 (Nov. 23) 1946.

PYRIBENZAMINE (brand of tripelennamine) Trade Mark Reg. U. S. Pat. Off.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

* whenever antihistaminics are indicated

PYRIBENZAMINE

now in two forms

TABLETS: 50 mg., scored for divided dosage. Bottles of 50 and 500.

ELIXIR: 20 mg. per 4 cc. (teaspoonful). Sweetened and flavored. Pints.

● In its comparatively low frequency of side reactions, permitting larger doses where needed, Pyribenzamine hydrochloride offers important therapeutic advantages whenever antihistaminic medication is indicated. This new product of Ciba research is characterized by its capacity to counteract many of the effects of histamine. It prevents and controls certain allergic manifestations believed to be caused wholly or in part by release of histamine. Its action is palliative, not curative.

In the suggested list of indications below, Pyribenzamine has been used advantageously by many clinical investigators.

Detailed information and samples of Pyribenzamine can be obtained by writing the Professional Service Division.

- Chronic Urticaria
- Acute Urticaria
- Dermographism
- Angioneurotic Edema
- Hay Fever
- Vasomotor Rhinitis
- Atopic Dermatitis
- Serum Reactions
- Asthma
- Urticarial Food and Drug Reactions



ATOPIC DERMATITIS

Flexural eczema. Pyribenzamine relieves itching in acute and chronic eczematoid reactions in a substantial number of cases.



ACUTE URTICARIA

Pyribenzamine is highly effective in control of itching. Eighty-five to ninety-five per cent of patients experience relief.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY



WHENEVER THE NUTRITIONAL STATE MUST BE IMPROVED

The food drink made by mixing Ovaltine with milk finds frequent application whenever underpar nutrition is encountered. It is equally valuable whether the need for dietary supplementation arises from the ravages of acute infectious disease, from dietary limitations made necessary by surgery, or from faulty food selection over a prolonged period.

This nutritional supplement is delicious in taste, readily digested, and thoroughly bland. It may be taken either hot or cold, as the patient desires, and is appealing to both children and adults. It supplies a wealth of virtually all essential nutrients including ascorbic acid and B complex and other vitamins. Its proteins are biologically complete, a feature of importance in the correction of debility states. Three glassfuls of this delicious food drink daily round out even an average diet to full nutritional adequacy.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.



THE MOST IMPORTANT *but* IN SUCCESSFUL THERAPEUTICS . . .

For your many patients, *specific* therapeutic measures may have been effectively employed . . . *'but'* . . . successful rehabilitation may often *still* depend on an adequate supply of all *nutritional* requirements. GERILAC was formulated for this purpose.

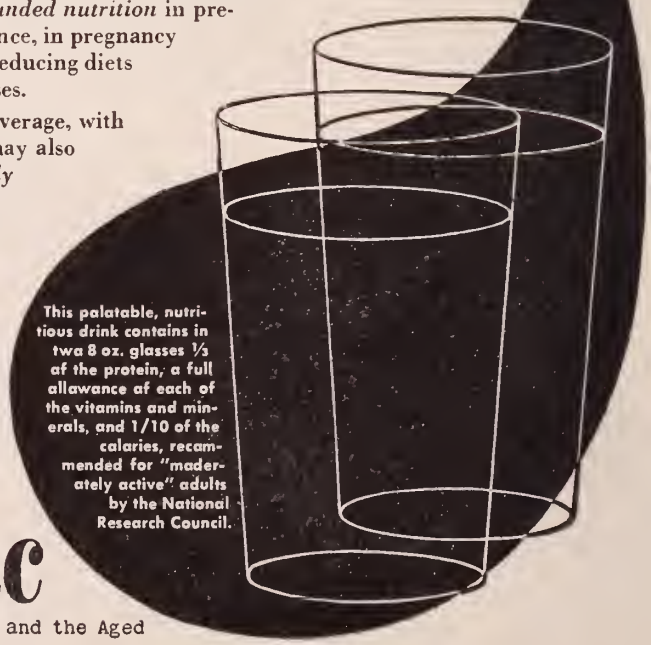
GERILAC's wealth of valuable milk proteins . . . its milk carbohydrate, lactose . . . its more-than-ample fortification with vitamins and minerals . . . its moderately low fat content . . . its palatability and easy digestibility—all suggest its routine use to assure *well-rounded nutrition* in pre- and postoperative conditions, in convalescence, in pregnancy and lactation, and in soft and liquid diets, reducing diets as well as in geriatric and even pediatric cases.

GERILAC has a pleasant, bland taste as a beverage, with and without the addition of flavors; and may also be readily used in cooking and baking. *Only water is required for dilution as a beverage.*

Write for Professional Literature and "Tasty Recipes" booklet.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N. Y.

GERILAC contains spray-dried whole milk and skim milk and is fortified with vitamins A and D, B-complex, C, together with niacinamide, monosodium phosphate, and iron citrate. Available in 1-lb. tins at pharmacies.

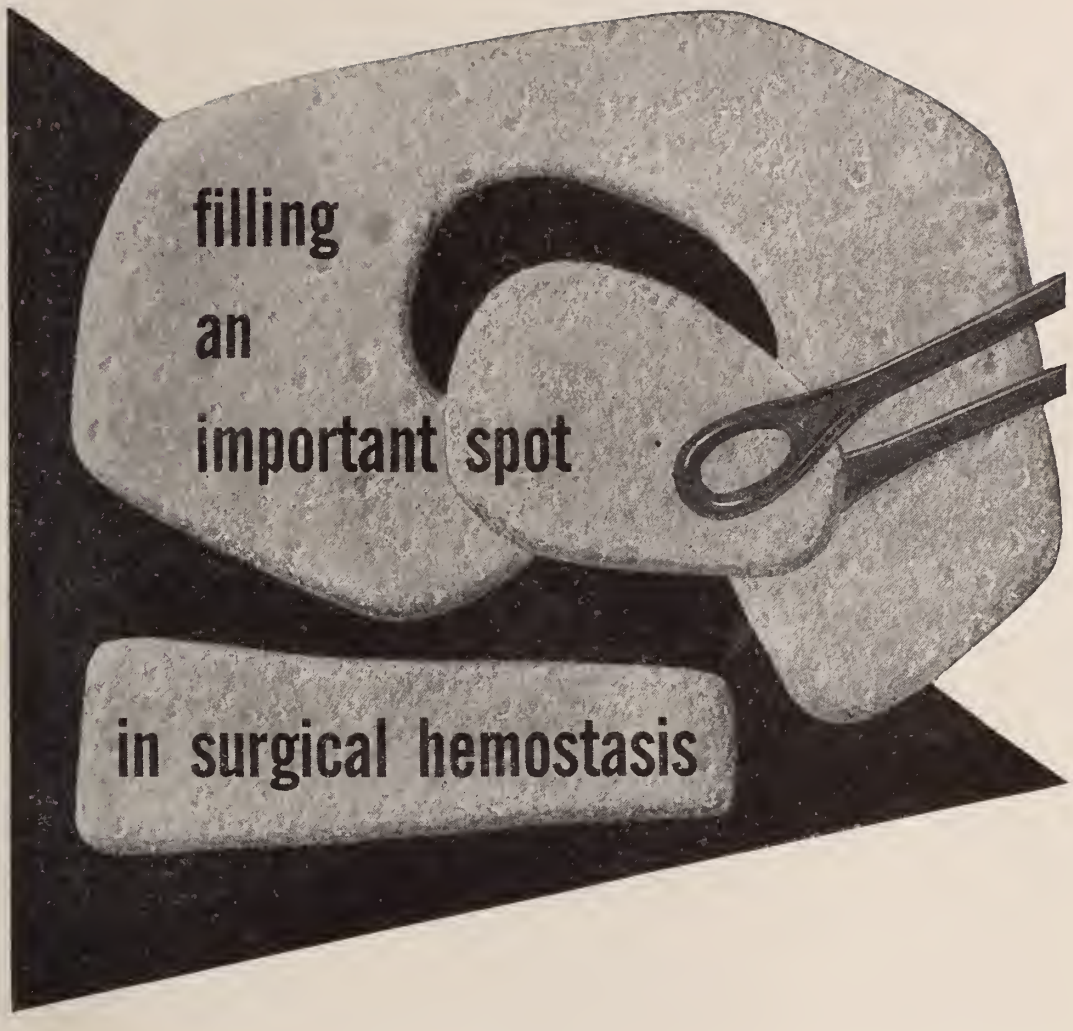


This palatable, nutritious drink contains in two 8 oz. glasses ⅓ of the protein, a full allowance of each of the vitamins and minerals, and 1/10 of the calories, recommended for "moderately active" adults by the National Research Council.



Gerilac

A Dietary Supplement for Convalescents and the Aged



Gelfoam* was developed by the Upjohn research laboratories to fill an important spot in surgical hemostasis. Gelfoam supplements the clamp, the clip, and the suture, affording biochemical arrest of bleeding with an absorbable organic agent which may be left in situ. This unique gelatin sponge simplifies the problem of clearing oozing surfaces, of staunching capillary bleeding, the trickling from small vessels, and the annoying hemorrhage from such tissues as liver, kidney, spleen, and tumors. In general practice, Gelfoam is an aid in the control of epistaxis, hemorrhage from lacerations, and postextraction bleeding.

*Trademark

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

Gelfoam

Gelfoam is made in sponges 20 x 60 x 7 mm. in size. Four sponges are packed in each jar

Eye-witness Reports...

IT is one thing to *read* results in a published research. Quite another to see them with your own eyes.

PUBLISHED STUDIES* SHOWED WHEN SMOKERS CHANGED TO PHILIP MORRIS SUBSTANTIALLY EVERY CASE OF THROAT IRRITATION DUE TO SMOKING CLEARED COMPLETELY, OR DEFINITELY IMPROVED.

But may we suggest that you make your own tests?



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, NEW YORK, N. Y.

**N. Y. State Journ. Med. 35 No. 11,590*
Laryngoscope 1935, XLV, No. 2, 149-154

TO THE DOCTOR WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



Illustration by Herman Giesen

"The Bends"

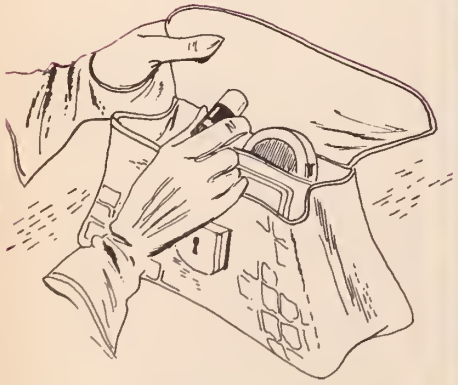
PHYSICIANS are familiar with caisson disease, the industrial hazard encountered in construction of bridges, tunnels, and skyscrapers where workers breathe air under pressures of more than one atmosphere.

The first real advance in treatment and prevention of this interesting disorder came during the building of the New York Hudson tunnels under the North River in 1894. There the first decompression chamber was built and life became bearable to the "sand hog." Through ability to control and treat "the bends," medical science has made possible many of the major structural developments of the day.

Careful medical investigations, followed by the application of techniques based on the new facts, present a familiar pattern to physicians. The Lilly Research Laboratories collaborate with investigators in many fields of medicine on problems of mutual interest. The result of these efforts is reflected in the new and improved medication being made available for the physician's prescription.



FOR THE RELIEF OF NASAL CONGESTION



INHALER TUAMINE (2-Aminoheptane, Lilly) produces rapid, effective shrinkage of the nasal mucosa without disagreeable side-effects. Inhaler 'Tuamine' may be used as an effective adjunct to other therapy as well as to maintain vasoconstriction and drainage following office treatment.

For home use, Solution 'Tuamine Sulfate' (2-Aminoheptane Sulfate, Lilly), 1 percent, administered by spray or dropper produces prompt, prolonged vasoconstriction. There is no secondary engorgement or central-nervous-system stimulation.

Solution 'Tuamine Sulfate,' 2 percent, is recommended for office procedures in which maximum shrinkage is desired.

'Tuamine' preparations are stocked by all prescription drug stores.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIV | Jacksonville, Florida, October, 1947 | No. 4

CURARE

THOMAS E. DALY, M.D.
WEST PALM BEACH

HISTORY

The exact origin of the South American "flying death" poison is shrouded in mystery. Used on the tips of arrows, spears and darts, it acquired an early reputation because of its use in paralyzing small game and birds.

The first historical accounts date from Sir Walter Raleigh's return from the Orinoco basin in 1595. Raleigh[1] brought some of the material used by the natives back to England and insisted that the English scientists of his time produce an antidote for this lethal substance. Later Waterton,[1] a traveler of Lancashire, England, returned from the wilds of Demerara and revived interest in it with hair-raising accounts of an arrow poison used by the natives of this region.

Sir Robert Schomberg[1] in 1844 first named the group of plants which enter into the making of the poison. He believed, and he had no real basis for such belief, that the animals hit by the poisoned arrows died from convulsive seizures, similar to those produced by strychnine; so he assigned the curare-producing plants to the group Strychnos toxifern. Consequently, in botany, they are listed in the strychnine family, despite the fact that pure curare is diametrically opposed to strychnine in action and is even used as an antidote for strychnine poisoning. It is in this loose fashion that many errors are introduced into the literature and perpetuated.

The clinical investigation[2] of curare began in France, in the latter half of the last century, and was soon abandoned because of varying potency and the unpredictable presence of toxic impurities in the drug. The isolation of a crystalline, highly active quaternary base chloride was announced by King[3] in 1935. This brief review covers the early history of curare.

The modern history of curare really dates from the interesting and important work of Richard C. Gill,[4] who had lived for many years on the edge of the Amazon wilderness in Ecuador. He, in 1938, led an expedition into the South American jungle for the express purpose of acquiring knowledge of the plants from which curare is derived, investigating the manufacture of arrow poison and obtaining some of the crude material. The expedition returned to civilization with a large supply of a crude resinous material obtained from forty separate plants used by the Indians in the production of arrow poison. Also obtained was a detailed knowledge of its manufacture, as well as botanic samples of the plants used.

The so-called "true curare" substance, free of the various toxic ingredients and debris which are present in the Indian's arrow poison, was produced. Prof. A. E. Bennett[5] of the University of Nebraska, early in 1940, seized upon the new product in an attempt to minimize the trauma resulting from the violent muscular contractions produced during electric and metrazol shock therapy. It proved to be helpful. In November 1940 Cullen[6] of Iowa City, Ia., produced abdominal relaxation in anesthetized dogs, but was worried by the respiratory depression that the drug produced.

Dr. Harold R. Griffith[7] of Montreal, who had been following the work of Bennett and Cullen closely, wondered why sane people could not be helped by curare, if mental patients and dogs were benefited by it. Late in 1941, Dr. E. R. Wright[7] of E. R. Squibb and Sons sent Dr. Griffith some ampules of curare, and in January 1942 the "flying death" poison was first used in conjunction with anesthesia on a human being at the Homeopathic Hospital in Montreal. Since that time there has been a great flux of articles from American anesthesiologists, notably Cullen.

PHYSIOLOGY

Curare has no action when taken by mouth, hence the perfect safety of the native when he ate his victims after a day's hunting. This immunity is due to detoxification by the liver and not to destruction by the digestive juices. This drug must be administered intramuscularly or intrave-

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

nously. Intramuscularly administered, it acts with appreciable effect in about twenty minutes, but when it is given intravenously, the action commences within a matter of seconds and takes full effect in a few minutes.

Having entered the circulation, it is in part changed by the liver and in part excreted via the kidneys unchanged. It may be noted in passing that in the presence of renal damage of any consequence an otherwise safe dose may well cause considerable embarrassment.

Bernard[8] (1840), Dale, Feldberg and Vogt[11] (1936) and Brown[10] (1937) did some classical experimental work that pointed to the myoneural junction as the site of action of this drug. The theory is that acetylcholine is rapidly neutralized, after production, by an enzyme, cholinesterase, present in the tissues of the body. The parasympatheticomimetic stimulating drugs prevent this neutralization and allow acetylcholine free and uninhibited access to the receptor substance. It was thought that these drugs in sufficient dosage might overcome the effects of curare. They have proved disappointing for reasons to be mentioned later. See figure 1.

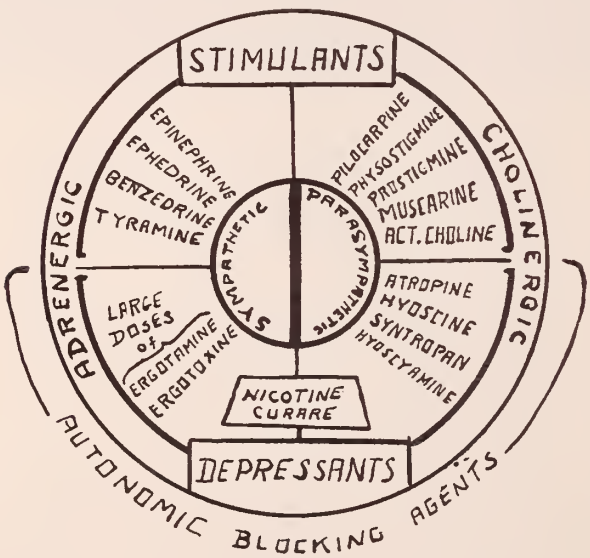


Figure 1

EFFECTS OF CURARE

CENTRAL NERVOUS SYSTEM.—There seems to be a direct effect upon the central nervous system, and this idea arises from the fact that curare potentiates the effect of anesthetic agents upon the production of heat in certain parts of the brain. This may have some clinical importance but much work remains to be done.

AUTOMATIC NERVOUS SYSTEM.—Curare, besides blocking neuromuscular synapsis, partially interrupts transmission between the automatic parasympathetic (cholingeric) postganglionic fibers and effector. This action has not been demonstrated in relation to the sympathetic (adrenergic) division of the automic nervous system. The effect of curare is exerted, so it might seem, where the effector is innervated by cholinergic fibers (fig. 2). It is a secondary effect and exerted only in the presence of large doses. It is evident in this connection to the anesthetist that the drug depresses the laryngeal and bronchial reflexes, namely, in pentothal sodium anesthesia, where the reflexes are not readily depressed with the ordinary dose of the barbiturate.

The action of curare according to the latest evidence is past the myoneural junction, that is, it lessens the receptivity of the muscles to acetylcholine, rather than inhibiting the profusion of acetylchlorine at the junction. This explains why in most cases the parasympatheticomimetic stimulating drugs, such as prostigmine and pilocarpine, have proved to be disappointing as antidotes. These drugs merely reestablish the acetylcholine equilibrium without increasing muscular receptivity to the acetylcholine. Physostigmine should, theoretically at least, be better as an antidote because it acts somewhat differently than the other parasympatheticomimetic stimulators, in that its action seems to be exerted beyond the point of action of these drugs, that is, beyond the myoneural junction.

BLOOD PRESSURE.—In ordinary clinical doses and even in the apneic dose of curare (200 units), little or no effect can be observed on blood pressure (fig. 3). When it is used with the barbiturates, small initial drops may be noted if the injection is given rapidly.

ACTION ON THE HEART.—Curare produces no effect demonstrable in the electrocardiogram, except for an occasional slight depression of the T waves. This phenomenon may be accounted for upon the grounds that the position of the diaphragm is altered by the paralyzing effect of the drug on the intercostal muscles and on the diaphragm.

It is true, though, that overdosage of curare with apnea and the resulting anoxia might tend to aggravate any existing coronary insufficiency and might, theoretically at least, be responsible for sudden death in those cases with previously existing pulmonary congestion due to failure of the left ventricle.

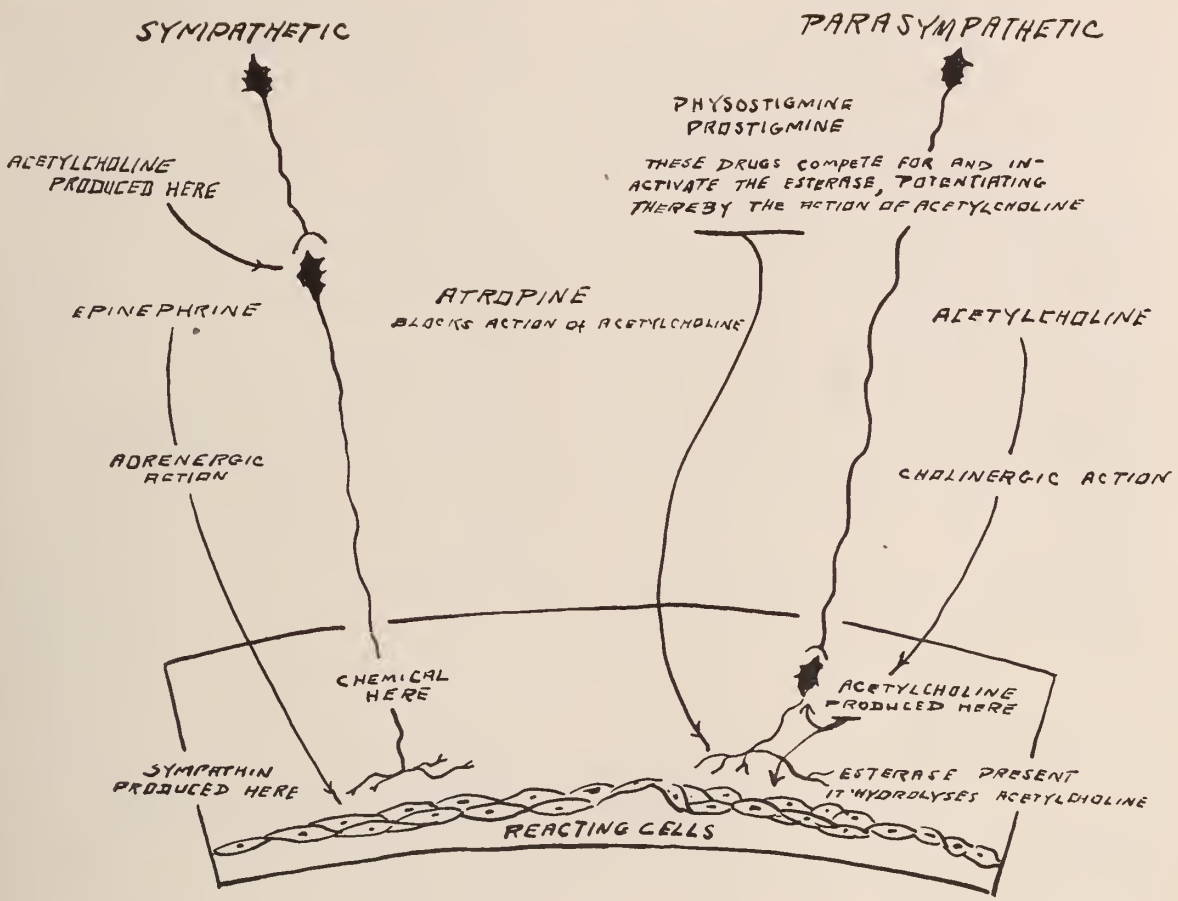
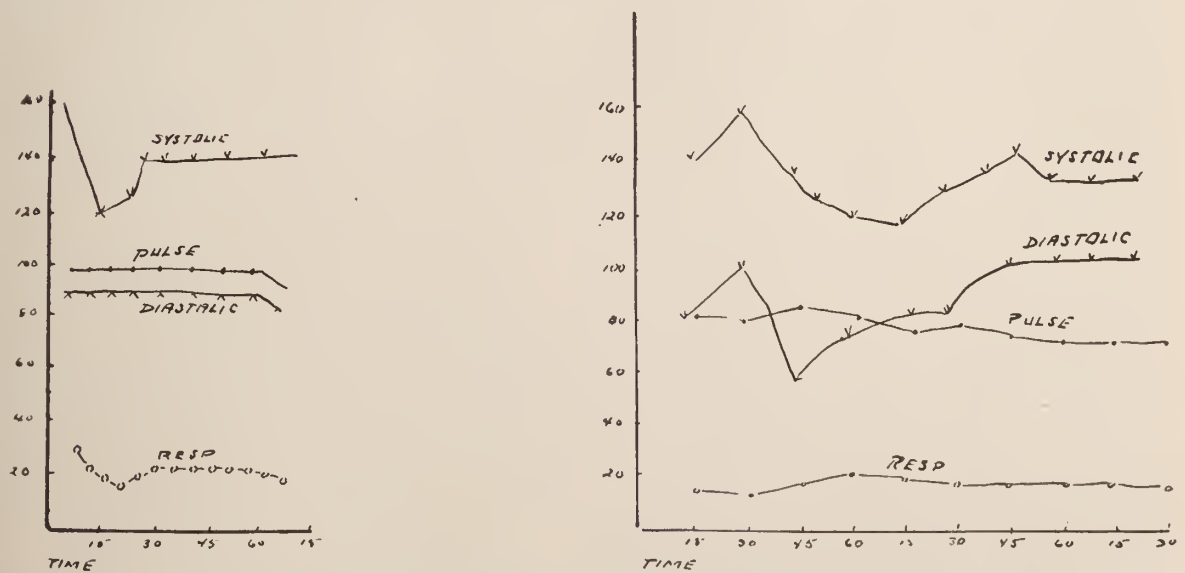


Figure 2

TYPICAL ANESTHESIA RECORDS WITH CURARE-PENTOTHAL-NITROUS OXIDE MIXTURE



NOTE INITIAL DEPRESSION OF SYSTOLIC BLOOD PRESSURE FOLLOWED BY STABILIZATION AS TIME GOES ON.

Figure 3

PHARMACOLOGY

Gray and Halton,[4] in an article in the Proceedings of the Royal Society of Medicine in March 1946 made the following statements:

"Pharmacologically the exact nature of the drug is wrapped in much the same mystery as the preparation of the crude poison . . . The crude extracts are obtained from various vines and plants, and the very nomenclature used to describe these extracts is an indication of our ignorance. Thus that variety delivered to the importers in gourds has been known as 'gourd curare' or 'calabash curare,' and that delivered in earthen pots as 'pot curare' and that in bamboo tubes as 'tube curare.' They even ascribe specific chemical formulae to the different kinds." See figure 4.

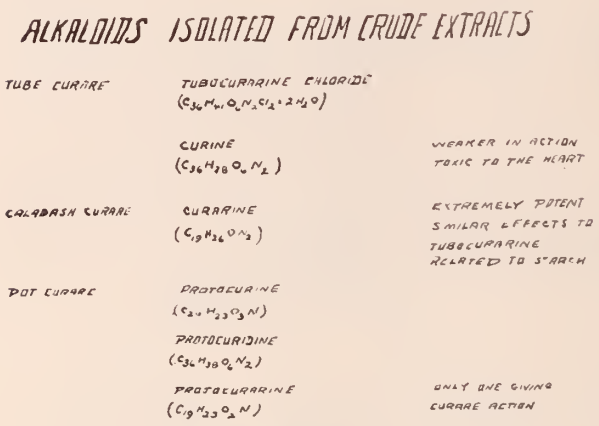


Figure 4

These statements somehow disturbed me, and I wrote to Richard Gill as I believe that he has done more than anyone living to unveil much of the mystery around, and ascribed to, this material. On Feb. 10, 1947 he answered as follows:

"It has always struck me that the scientific investigator who attaches qualitative and quantitative formulae to a product, according to the type of container in which it reaches him, is not only exercising medieval observation, but is placing himself at least one step lower than the primitive Indian witch doctor who first brewed the primitive drug, and then poured it into whatever type of container there happened to be on hand that particular day."

The solution of a physiologically active crystalline alkaloid from the crude preparations arriving in the laboratory was difficult. In 1935 King[3] announced the isolation of a crystalline, highly active quaternary base chloride designated by him as d-tubocurarine-chloride. Note that he called it "tubocurarine," which proves that a notion ascribed to something, even though erroneous, is hard to eliminate. See figure 5.

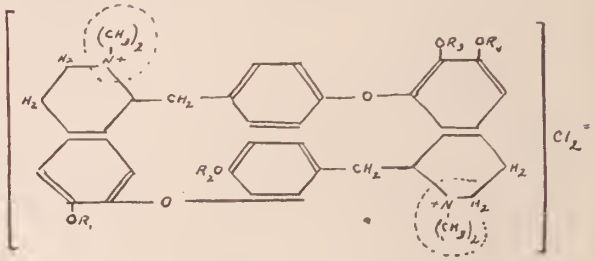


Figure 5

The $N+(CH_3)_2$ are quaternary radicals (N with a valence of 5) and make this a quaternary base (basic because it is an alkaloid). Chemicals with this quaternary basic setup are said to possess histamine-like properties. A recent article in Anesthesiology by Dripps and Comroe[11] concerning the possible histamine-like properties of curare has caused much comment. I, myself, had an experience with curare that caused me great concern and which for all the world looked like a histamine reaction.

In a personal communication, L. H. Wright[12] of E. R. Squibb and Sons, had the following to say: "Many drugs tested similarly to the way these products were used (intradermal skin introduction), will give similar reactions. Whether these are of any chemical significance is a matter of opinoin at the present time. True, reactions have been reported, but their number is few and they have been isolated. However, such side reactions should be kept in mind because it is possible that they do occur."

CLINICAL APPLICATION

I will treat first of the application of curare in my personal experience and then as described in the literature. The first application to be mentioned is in the field of anesthesia. It is there today that it has its broadest application. It is in this field that investigators have really shown how to use this potent substance and in what dosage.

ANESTHESIA.—The average intravenous dose in anesthesia is around 4 to 5 cc. (80 to 100 units of intocostrin or the newer tubocurarine chloride) at the beginning of a case. The alkaloid is repeated during operation as the demand for re-

laxation warrants, usually in half the original amount. There does not seem to be any cumulative effect from repeated injections. In large doses it induces respiratory paralysis, which may last from a second to a few minutes, in which cases artificial respiration, or manipulation of the bag of the anesthesia apparatus is used.

Very small amounts of curare induce respiratory arrest when used with cyclopropane after the patient has become fairly deeply anesthetized. With cyclopropane and pentothal sodium, 50 to 100 units should be the average dose, that is, approximately 1.0 unit per kilogram or 0.5 unit per pound of body weight. With ether, however, which exhibits a definite curare-like action, the initial dose should be smaller and in the order of 20 to 40 units (1 to 2 cc.). Patients with peritonitis and those in shock are especially sensitive to the action of curare, and small doses should be used for them.

Curare definitely assists in relaxing the abdomen, but not at the expense of efficient pulmonary ventilation. This drug is excellent in the field of anesthesia in overcoming laryngospasm; in the sneezing, gaging and coughing that is sometimes seen during intubation; in operations on the eye; in plastic surgery of the face; in extraction of teeth; in the wiring of broken jaws; in bronchoscopic examination, and in tonsillectomy. Too, it should be used to relieve convulsive seizures in the operating room. It is of interest that it has a more pronounced effect when scopolamine is used in the preoperative medication.

The prime indication for the use of curare is in patients who are poor risks, namely, fat patients, those with short necks and those with cardiorespiratory and hepatic disease. Renal damage is a positive contraindication for its use. Aside from the excellent muscular relaxation obtained, one is impressed with the improved postoperative course of surgical patients in general.

A word to those surgeons who keep demanding more relaxation is timely. So much relaxation may be obtained, especially in obese patients, that the relaxed heavy wall of the abdomen may force the intestines into the wound and cause almost as much trouble as if pushing or distention of the intestine were actually occurring.

Tetanus.—The obstruction of breathing, the prolonged respiratory depression, the accumulation of mucus and the infrequent changes of position associated with the use of avertin, which is so commonly used these days in treating tetanus, predispose to pulmonary complications. It is extremely difficult to maintain adequate nutrition because of the inability of the patient to eat or drink. Tetanus antitoxin in large doses is needed and debridement of the site of the wound is necessary as soon as the child is seen. It is well to start with one dose of avertin and observe the patient. Curare is then used intramuscularly and intravenously; subcutaneously it is of no value. The size of the patient does not seem to mean much in cases of this kind. The physician has to determine the dose that is necessary in the particular case by trial and error, but 1.0 unit per kilogram is a good trial dose.

The frequency of administration depends upon the frequency of the seizures. There seems to be no cumulative effect. It is really gratifying to see the patients relax and take nourishment one minute when the previous minute they were in the throes of violent muscular spasm.

Backache.—I have treated a number of cases of backache due to muscular spasm following trauma. Most of them have responded well and rapidly to a single dose of curare.

Dysmenorrhea and Allied Conditions.—I have found that curare relieves about 50 per cent of severe cases of dysmenorrhea. It not only relieves cramps but the nausea, backache, dizziness and accompanying tension as well. The patients were given 50 to 100 units of curare intravenously and almost immediately complained of heaviness of the eyelids, diplopia and fuzzy vision, which passed in ten minutes. Relief, if obtained, is almost immediate.

Curare does not upset glandular function, as do many of the endocrine preparations used. Also, it is not habit-forming. Johnson,[13] in a recent article on dysmenorrhea, mentioned relieving pain during hysterographic examination. On one occasion I was dealing with a threatened abortion. In sheer desperation I gave the patient 60 units of intocostrin intravenously. She had no further pain or contractions and left the hospital to go home and to go on to term.

Other Uses.—The reported uses of this drug are many. It is useful in the treatment of mental disorders by shock, convulsions during anesthesia, dystonia musculorum deformans, hemiballism, poliomyelitis, parkinsonism, infantile cerebral palsy, spastic paralysis, torticollis, multiple scle-

rosis, status epilepticus and transverse myelitis. It is also used in the diagnosis of myasthenia gravis.

TOXICITY.—One of the most surprising features of curare is the absence of toxicity, either immediate or postoperative, associated with its use. It is hard to believe that a drug which has such a fabulous reputation as a poison can be used so safely in clinical medicine.

CONCLUSION

The history, physiology, pharmacology and uses of curare are discussed.

The need for a longer acting drug is evident. This product d-tubo curarine-chloride, in peanut oil with myricin, is undergoing extensive trial at present, and another product that will not precipitate in pentothal sodium is also being tried.

REFERENCES

1. West, R.: The Pharmacology and Therapeutics of Curare and Its Constituents, Proc. Soc. Med. 28:565-578 (March) 1935.
2. Newcomer, H.: Curare-Intocostrin, New York, E. R. Squibb and Sons, Introduction (Dec.) 1945.
3. King, H.: Nature 135:469 (1935).
4. Gray, T. C., and Halton, J.: A Milestone in Anesthesia? Proc. Roy. Soc. Med. (May) 1946.
5. Bennett, A. E.: Preventing Traumatic Complications in Convulsive Shock Therapy by Curare, J. A. M. A. 114:322-324 (Jan. 27) 1940.
6. Smith, S. M.: Curare as an Adjuvant During Inhalation Anesthesia; Report of Fifty Cases, Rocky Mountain M. J. 41:313-317 (May) 1944.
7. Griffith, H. R.: An address before the American Society of Anesthesiologists at Boston during the Morton Centennial Celebration in November 1946; The Use of Curare in Anesthesia and for Other Clinical Purposes, Canad. M. A. J. 50:144-147 (Feb.) 1944; Curare as an Aid to the Anaesthetist, Lancet 2:74-75 (July 21) 1945.
8. Bernard, C.: Note sur la Curarine et ses effets physiologiques, Paris, 1840.
9. Dale, H. H.; Feldberg, W., and Vogt, M.: Release of Acetylcholine at Voluntary Motor Nerve Endings, J. Physiol. 86:353-380 (May 4) 1936.
10. Brown, G. L.: Actions of Acetylcholine on Denervated Mammalian and Frog's Muscle, J. Physiol. 89:438-461 (June 3) 1937.
11. Comroe, J. H., Jr., and Dripps, R. D.: The Histamine-like Action of Curare and Tubocurarine Injected Intracutaneously and Intra-Arterially in Man, Anesthesiology 7:260-262 (May) 1946.
12. Personal communication on Dec. 12, 1946.
13. Johnston, Florence: The Use of Curare to Relieve Dysmenorrhea, Am. J. Obst. & Gynec. 51:569-570 (April) 1946.

ADDITIONAL REFERENCES

Fegler, J., and Kowarzyk, K.: Note sur l'antagonisme reciproque entre la physostigmine et le curare, Comp. rend. Soc. de biol. 127:1149-1152, 1938.

Gross, E. G., and Cullen, S. C.: The Action of Curare on the Smooth Muscle of the Small Intestine and on the Blood Pressure, Anesthesiology 6:231-238 (May) 1945.

Kleiman, B.: El uso del curare en cirugia abdominal, Arch. Soc. cirujanos hosp. 15:561-567 (June) 1945.

Knight, R. T.: The Use of Curare in Anesthesia, Minnesota Med. 27:667-670 (Aug.) 1944.

Luco, J. V., and Mesa, J.: The Action of Curare on the Autonomic Neuro-Effector System, Ciencia 2:298 (Sept.) 1941 (transl).

Wintersteiner, O., and Dutcher, J. D.: Curare Alkaloids from Chondodendron Tomentosum, Science 97:467-470 (May 21) 1943.

622 Comeau Building.

SOCIALIZED MEDICINE

HAROLD D. VAN SCHAICK, M.D.

MIAMI BEACH

It is a pleasure to have this opportunity to meet with a professional group interested in the problems of my profession and closely allied with physicians in its interest in public welfare. The theme and general tone of this meeting stress the right of the individual to lead his own life, contract his own bills, pay his own debts and have some control over the destiny of his own life.

Those who favor socialized medicine and the expansion of social security in various fields often claim they are the champions of the common man, providing for the poor man opportunities and benefits which he is unable to provide for himself. This attitude makes me wonder if this is the correct approach to the problem. Frequently, the icons the so-called great and revered iconoclasts have substituted for the real and true, have in the final analysis proved spurious, and long after the great iconoclast is resting peacefully beneath the sod, the misled masses must bitterly pay and pay for these counterfeits. Would it not be better to help the individual so that he can obtain for himself and through his own initiative those opportunities and benefits which the government would thrust upon him—at his own great expense—without regard to his wishes or desires?

An interesting hypothetic question to ask would be this: If we see a man lying in the gutter, can we help him best if we lie down in the gutter beside him, or do we perform the finest service if we seek to restore him to a better life and make it possible for him to follow once again in the high standards of his fellow citizens? By following this same trend of reasoning, we may well ask whether we can help the small percentage of unfortunate persons in our nation not now receiving adequate medical attention by lowering the standards of the entire medical profession and placing an exorbitant tax on all our people, or whether we can find some way to reach this neglected minority and help them to help themselves? I believe that the American way is to encourage private initiative and provide the opportunity for the individual, who will in turn manage his own affairs to his best interest.

Physicians are not unmindful of the financial hardships of a prolonged illness upon a family and are fully aware of the burden of costs which may

Read before the National Association of Accident and Health Underwriters, Miami Beach, Jan. 9, 1947.

fall upon a family in time of sickness. Most intelligent families are also aware of these possibilities. In the true American spirit of free enterprise we have attempted to solve some of these problems through private medical care plans. The insurance companies have been most progressive, as well as the Florida Medical Association and other state associations, in contributing to a solution. Through health, accident and hospitalization insurance it is possible to provide in advance for the costs of illness which may be anticipated by the average family. There has been throughout the country a rapid growth in various private projects designed for the prepayment of medical and hospital costs. On Sept. 26, 1946, Dr. William Hale, president of the New York Medical Society, announced that medical care plans sponsored by medical societies increased 125 per cent in New York state the first six months of the year and also that compulsory health insurance law "would interfere with the development of voluntary medical insurance plans during a crucial experimental period in medical economic history." With this opinion many agree and believe that the initiative and resourcefulness of the insurance companies combined with the good sense and foresight of the average American will develop a much better and far less expensive medium for prepayment plans than the more expensive and awkwardly administered proposal of government control, and will thereby avoid putting both the patient and physician under that same undesirable control.

It is not my purpose to discuss either the financial details of the proposed government legislation or the present successful plans of private insurance companies to accomplish the same end better and more economically, but rather to anticipate what we could expect from medical and hospital services if compulsory medical legislation were adopted and the government bureaucrats were to take charge. The private practice of medicine would be completely revolutionized for it is today based upon the ability of the physician to attract patients through his good reputation and hold them through his skill and devotion to their best interests. Under government control, all a physician will need to make a livelihood is a good rating or pull with the politicians over him. There will vanish the need to have a good reputation and by constant study and postgraduate work on his own time to keep on his toes to retain his practice. He will be handed on a silver platter, so to speak, an established practice without the stern necessity of the early rigorous spade work, long years in charity clinics, night calls with little hope of compensation, extra courses for perfection of training and so on that makes the soul of a good physician and earns, not gives, a good practice and reputation.

Not all physicians are against this proposed legislation. Those who have so far expressed favor are a small minority, and it is logical they may be suspected of seeking a cloistered life with the enticing idea of no charity work and no bad debts as their chief gain. They fail to recognize that compulsory insurance wherever tried, on large or small scale, has always proved more expensive to the citizen for what he gets with deterioration of medical service. The explanation of this deterioration is simple, and there is a parallel in the deterioration of the national economy through inflation. There are wage increases followed by increased prices, which in turn bring pressure for further wage increases and then further price increases. The national economy deteriorates, and money loses value.

In compulsory health insurance every citizen is taxed, say 4 per cent of his annual income, and in the Crosser Bill, H. R. 1362, for railroad workers, the total deduction is 12½ per cent, 6¼ per cent from the employers and 6¼ per cent from the workers. This bill is already being lauded as the pattern for social security—for medical services. The citizen, noting this substantial deduction each week from his wage, will at once conclude that he is paying a pretty good sum for medical attention and he will be a monkey's uncle if he is not going to get what he is paying for and also his money's worth in full. Anyone who has had experience, as I have had in years gone by, with this type of practice, knows the answer. The citizen and his family use the medical service upon the slightest pretext, and the physician's time is occupied with the trivial ailments of those whose cases may be described as deflation of the purse while many seriously ill patients suffer from lack of detailed attention, as there are yet only twenty-four hours in each day in spite of modern streamlined legislation.

Now to complete the comparison with the inflationary process, first, the citizen pays his medical bills through generous deductions from his pay; he then determines to get his money's worth, and the number of calls upon the physician or the number of patients in the office increases. Since the physician is paid by the gov-

ernment according to the number of calls or number of patients, the cost of the plan rises to more than anticipated, to from 4 per cent to 6 per cent or 8 per cent of the wage. As the citizen pays more he will demand more with increased costs to the government. More calls or patients, more money for the physician, more expense to the government, more deductions, and thus it goes. In the meanwhile, owing to increasing demands upon the time of the physician, the quality of the service must of necessity deteriorate. It is even conceivable that a black market would arise, and physicians would be offered financial inducements to give special attention to patients who realized they were not getting proper medical attention in the brief time allotted to each patient or possibly no attention at all, and appointments might be bought and sold on a black market basis. Dr. Lawrence T. Brown, in an article in the Rocky Mountain Medical Journal, March 1946, stated that in Frankfort on the Main in 1934, 2,008 sick list persons who were not working and were drawing government insurance benefits were reexamined by supervisors under the supervision of super supervisors; 816 chiselers went back to work without examination, 289 were returned after examination and only 903, or 45 per cent, of the original number had incapacitating illnesses. In England in 1937, supervisors made a similar survey, and of 232,457 persons claiming disabilities, 22 per cent of the men and 32 per cent of the women were returned to work as not sick. Consider 62,761 persons drawing benefits to which they were not entitled, and it will be apparent that no agency in existence except a government could stay out of bankruptcy from such practices.

This result cannot be brushed aside as imagination. Dr. Mary B. Spahr, in the Saturday Evening Post, July 21, 1945, stated that she tried such an insurance plan herself on a small scale and she learned that her time was occupied by a few subscribers who insisted on getting their money's worth. In time of epidemics now, a physicians may use his own judgment and devote care to those most in need, but not so under government insurance; that discretion would not be allowed, and all, trivial or otherwise, must have attention. Dr. Spahr further stated that house calls increased as there was no financial advantage in office visits, especially with children, and there was less home cooperation. Patients and mothers caring for children did not follow instructions so well, and the fact that the physician would call again made for laxity and extension of the disease or disability. Dr. Brown emphasized this fact in that in Germany this very question almost immediately arose, and an amendment to the Compulsory Sickness Insurance Act was necessary to protect the funds against "overhealing," an entirely new word which was put into the law and the dictionaries, and also to provide a limitation of not more than an average of two and one-half office calls, one house call and 46 cents for medicine per case per month.

Let us view results in other countries where similar plans have been tried. Dr. Cyril B. Courville, writing in Health, September 1946 gave examples occurring in England, Poland, Germany and Russia. In England under the panel system, which is not as completely compulsory as proposed in this country, the individual may through voluntary contributions choose to come in and obtain the so-called benefits. Most of the physicians who accept such practice are those of lesser ability who are unable to stand the pressure of competition, but are permitted to maintain a private practice along with their panel work. The compensation for services rendered to panel patients is much less than that rendered private patients; hence the former receive less time, less attention and less consideration than private patients. Dr. Courville stated, "The emphasis is on getting the patient out of the office in the least possible time, not on making a thorough effort to determine what the cause of the trouble might be."

In Australia, where a form of socialized medicine has been in effect for a number of years, the same author reported the experience of a man who made an appointment with a panel physician to play golf. He found the office filled with patients and was certain there would be no golf that day, but the physician knew his panel system. First, all patients suffering from colds were asked to enter the inner office, where they were given simple instructions and a few pills, and dismissed. Then followed the same procedure for patients suffering from constipation with the same speedy treatment, and so on until within thirty minutes the office was empty of patients and the golf game a certainty. The Australian physician explained that the panel pay was so poor that little time could be afforded any one patient. The pay was based upon units for certain service,

so many units for an office visit and so many for a house call, and the total number of units turned in during a given period by all panel physicians was divided into the total amount of available money; so the more calls the more units and the less value per unit, hence the reason for the perfunctory disposal of panel patients.

In Poland, the unit system was in operation, and the system collapsed as every citizen was eligible for free medical service. Hardly any ailment was too trivial for medical consultation with the result that every physician was overloaded with work and units with depreciation until the physicians themselves worked out a plan for their own survival. Dr. Courville stated: "Each doctor took care of the people in his immediate neighborhood only, and, in order to pile up enough units to pay expenses, he would rush from one patient's home to another and stick his head in the door to inquire how was the patient. If any problem presented itself, he would say that he would return later. Often as many as a half dozen calls on a given patient were made in the course of the day. As a result the standards of medical practice progressively diminished, and at the same time the physicians were impoverished, having incomes smaller than those of many of the tradesmen."

In Germany, conditions of compulsory medical service became so bad that in one of the large cities 85 per cent of the money collected went for overhead while only 15 per cent went to physicians and hospitals. Dr. Edward H. Ochsner of Chicago at the hearing held by the Senate Committee on Education and Labor on the Wagner-Murray-Dingell Bill, S 1606, May 29, 1946 said: "In the winter of 1904 and 1905 I was in the ambulatory krankenkasse clinic of Prof. Schleich in Berlin. At a quarter past two, his second assistant breezed into the room and said in his peculiar vernacular, 'That tin lizzie of mine is some girl. I started out at 9 o'clock this morning to make health insurance calls. I had plenty of time for a good dinner and between 9 and 2, I made 23 calls.' It was before the days of self starters. Let us figure out approximately how much time he had for each one of those calls. Take off half an hour for lunch. That leaves four and one-half hours for twenty-three calls, or a little less than 12 minutes per call. When we analyze just what each call involved we will get some idea as to just how much of those 12 minutes he was able to give to getting a history of the patient, examining him, prescribing and giving personal advice and general directions."

In regard to the situation in New Zealand, Quentin Pope, a layman, not a physician, stated in the Dec. 1, 1945 issue of the Los Angeles Times, "In six years of operation New Zealand's system of state medical care has ballooned costs, jammed hospitals, promoted a physician's racket of large dimensions and speeded the development of a nation of nostrum takers. It has not cut sickness and has not provided adequate medical service."

Russia gives us a preview of what may be expected in deterioration in medical service beyond the financial considerations, since Russia is seeking to avoid the capitalistic system of private enterprise, which has so far managed to do just about everything better and cheaper. There the problem of caring for large numbers of patients suffering from minor ailments was met in a typically Russian way by producing a crop of physicians (?) by means of abbreviated medical courses and hurried training who are instructed to take care only of certain routine and simple ailments. When confronted with a real problem, they are supposed to call a fully trained physician when one is available, and in smaller communities and isolated regions this is seldom the case. In our country the diagnosticians are among the most highly skilled and educated of the medical group and rightly so. Almost any lay or professional person knows from his own experience of diagnostic problems that were of major and life-hazarding importance at the outset, but superficially seemed of minor importance. As a result in Russia everybody gets to see a physician(?), but few receive proper medical attention. It will take a very thick coating of propaganda to make that Russian scheme palatable to the average American.

There are many other aspects of compulsory health insurance, such as inability to be included in the panel of the physician of one's choice and dissatisfaction with the physician to whom assigned. The discussion of these or similar points is unnecessary with anyone who has attempted by correspondence to obtain satisfaction from a government bureau or bureaucrat. To be especially mentioned, however, is the bond of confidence and privacy which exists now between the physician and patient and is as sacred as the bond of secrecy of the religious layman and his pastor or priest or rabbi. Even by court action

the government now cannot compel the physician to make public the complete record of a patient as the court yet permits certain reservations, but this relationship will be ended under compulsory health insurance. Of necessity the government will need supervisors or agents to inspect the records to determine the number of calls and the nature of the ailment, and immediately this bond of privacy is destroyed. Likely a great many patients would hesitate to seek treatment under such circumstances. Simply think of the last time you consulted a physician. Would you want a government agent to have complete knowledge of the history and examination made at that time or at other times when you needed a physician?

Dr. Morris Fishbein said that physicians are only slightly more honest than lawyers and bankers and others. Certain unlawful, unethical or immoral practices used by business men to accumulate money or power may then on occasion be used by certain physicians also. Collier's magazine, Sept. 21, 1946 relates in the instance of the insurance plan adopted by Michigan that one physician found 27 patients suddenly needing expensive operations for hernia. The fact that in the profession there are physicians, even though very few, who are unscrupulous to the extent of letting their greed for money overcome their professional ethics emphasizes the need for the government inspector, a political appointee because he is someone's relative or is being paid a political debt, and the necessity that the patient's record be a matter of public knowledge. It is doubted that even the exponents of such compulsory insurance plans would not admit that this third party intervention would be detrimental to the proper care and treatment of the patient. These facts were soon emphasized in Germany, according to Dr. Brown, by the necessity for written amendment to the compulsory health act in that supervisors were employed to investigate the dealings of the physicians and patients and then soon it was necessary to employ super supervisors to prevent collusion between the ordinary supervisors, physicians and patients.

In the Senior Scholastic, Oct. 14, 1946 there is a summary of why compulsory government insurance at public expense is unnecessary:

1. Our present system of private medical practice is working out better than some proponents of government insurance would have us believe. The American Medical Association (in spite of efforts to discredit it and an occasional mistake on its own part) has always tried to take the lead in protecting the public and upholding the best interests of the citizen. It has sponsored many progressive health laws, protected the people from quack doctors, fake cures and impure drugs. The health record of the United States is as good if not better than that of any country in the world where socialized medicine is practiced. If we judge by results, there is no reason to change our present system of private practice unless one proved superior is demonstrated.

2. Private insurance plans are accomplishing in a better and cheaper way what compulsory government insurance wants to do. The Blue Cross plan has more than twenty million participants, while many other group insurance plans serve other millions. Many large industrial plants provide medical care for employees.

3. Physicians who served in our armed forces participated in group medical practice on a large scale and will bring to their civilian work new ideas for large scale medical practice which will accomplish the results without government interference.

In the same magazine there are other arguments against compulsory government medical service, which may be summarized as follows:

1. Public medical care would be too expensive, and the costs, which would be terrific for complete medical care for 140,000,000 persons, would need be borne by the taxpayer. (In the hearing on the Wagner-Murray-Dingell Bill, S 1606, the cost was variously estimated to be from 4½ to 14 billions of dollars, and when one realizes that the national income has fallen as low as 43 billions of dollars the answer is easy to those who will listen.)

2. The government would need expand its activities into a field that it has been shown it is not fitted for (as a review of the Veterans Administration will reveal.)

3. Medical care at public expense is a step towards a socialistic state. Congressman Charles A. Plumley of Vermont said: "Sickness-insurance legislation the world over has been peculiarly susceptible to political manipulation. In many countries it has been the entering wedge for social-insurance legislation and subsequent general socialization of industry, banks, communications and so on." Also it would be too easy to divert funds from medical to other purposes, and this is what happened in Germany when Bismarck inaugurated sickness insurance in 1383.

4. It is doubtful that government service would attract physicians, and as a result participants in such compulsory service would not obtain the services of the best physicians.

On the other hand, if participation by physicians became mandatory, making them government employees, it is my opinion that many young men of talent, energy and ambition would alter their plans to embark upon a medical career. As a result mediocre students would be attracted, and there would enter another factor for deterioration in compulsory medical care. Dr. Brown has directed attention to another fact, that assuming that physicians of the United States under federal control, like other government employees, would work a five day, forty hour week (and they would be dumber than I think if they did not grasp that priceless boon) and allowing two weeks' vacation each year, about 2,000 hours of medical service would be available from each physician (not excluding his own illnesses) and 260,000,000 hours from the entire profession. For each of the 140,000,000 persons in the United States there would be 2 or less medical hours per year, hardly sufficient for a good examination, or if a woman utilized 3 hours for the purpose of having a baby one year, the next time there would be only 1 hour available for that purpose. If that was not satisfactory, she could execute form something or other and appeal to the regional board and then she would get action, that is, if she lived that long or did not have twins in the meantime.

You may say, "Let us have more physicians, then." The normal output of the medical schools is about 5,000 physicians per year, slightly more than replacement needs. If the output were doubled, and the concurrence of existing authorities of the draft during the war by action of not deferring prospective medical students made this difficult if not impossible for years, twenty-six years would be needed to double our medical population.

The effect of compulsory government health service upon our hospitals is difficult to predict as our hospitals, as we know them, might be called typical American institutions which came into being under the American system of free enterprise. They are largely supported by private funds or private enterprise and are seldom state or public charities. There are hospitals in Europe and elsewhere that compare favorably with ours, but their development, until recently, has been retarded because they were havens for the poor and indigent and would compare with a charity home here. The middle class and wealthy patients were treated in their homes. There has been a change, but there remains the stigma of a poor house. Certainly there will be a great increase of red tape for the hospital, and there will be a great many persons, not needing hospitalization, who will demand that service for every minor ailment and complaint. Then, too, and the private insurance companies have already had experience with this aspect, there will be the patient who for various reasons, such as inconvenience at home, reluctance to pay for private nursing at home and the desire to get his money's worth, will insist upon remaining in the hospital far beyond the normal expectancy of his case. I recall many years ago operating upon a pay patient in a $7 per day room and a charity patient for exactly similiar complaints the same day. The pay patient was out of bed upon the fourth postoperative day, walked on the fifth and went home, and was glad to go, on the sixth day. The charity patient, on the contrary, with the help of the superintendent of nurses, the floor supervisor, my own assistant, the intern and myself, was out of bed on the twenty-first day postoperatively.

As a result our hospitals will be overcrowded with more or less belligerent patients who insist on sticking up for their rights, and who, by political influence or what not, get into the hospital and, after having been admitted, refuse to leave at the proper time. This overcrowding will be far beyond that of the war years, and more hospitals will need to be built, staffed, furnished and equipped, all at the taxpayer's expense, with the costs of medical care skyrocketing. The poor taxpayer, weighted down by wage deductions and taxes, will then have something to get sick about. He will need all the medical service and palliatives he can get for his worries over the mounting cost of medical service and hospital attention, which takes more and more of his money. This tremendous cost involved is one of the soundest and most practical arguments I can offer on behalf of the hospitals, in opposition to compulsory government health insurance.

6675 Windsor Lane, La Gorce Island.

APPENDECTOMY AND CARE OF THE APPENDIX STUMP

RAYMOND H. CENTER, M.D.
CLEARWATER

The age-old question of what to do with the stump of the appendix is up for discussion again. Many contributors to medical literature advocate both inversion and noninversion. First, it is well to review some of the anatomy and locations of this appendage and different methods of appendical removal. The appendix caeci is situated as a rule 1.7 cm. (11/16 inch) below the ileocecal valve; it may be guarded by the valve upon its inner and posterior aspect, but it sometimes forms the true apex of the cecum. Its length varies between the extremes of 3.11 and 23 cm. (1¼ to 9 inches).

COURSE

The course of the appendix is variable. (1) According to Treves,[1] it generally passes upward from behind the cecum towards the spleen, lying behind the lower end of the ileum and its mesentery; (2) according to Berry,[1] in the order of frequency the position is "(A) pelvic; (B) retrocecal; (C) internal to cecum, that is Treves position; (D) variable;" (3) according to Bryant,[1] it is, in order of frequency "(A) inward; (B) behind cecum; (C) downward and inward; (D) into true pelvis."

RELATION TO THE PERITONEUM

The mesentery is always present, but does not extend to the tip. Approximately the distal third is entirely enveloped in the peritoneum and free. The mesoappendix, of triangular form, derives from the left leaf of the mesentery and contains, in its free margin, the posterior branch of the ileocecal artery (from the ileocolic).

RELATION TO THE CECUM

The relationship to the cecum is fourfold (Treves[1]): (A) the appendix arises from the apex of the cecum; (B) the appendix arises between two sacculi of equal size; (C) the appendix arises between two sacculi of unequal size (in about 90 per cent of cases); and (D) the appendix appears to arise from the ileocecal junction, in relation to the anterior abdominal wall. According to McBurney,[1] if one draws a straight line from the anterior superior iliac spine to the umbilicus, beneath this line, from 4 to 5 cm. (1½ to 2 inches) internal to the spine, the base of the appendix is found, in the right iliac fossa. According to Clado,[1] if one draws a line along the outer edge of the rectus and another between the anterior superior iliac spines, opposite the junction of these the base of the appendix is found, in the hypogastric region.

METHODS OF REMOVAL

Depending upon the location and the pathologic condition of the appendix the method of choice for its removal is determined. Some of the present methods are now reviewed.

Dawbrin Purse-String Method.—While the appendix is held upward under slight tension, a continuous silk or chromic purse-string suture is passed through the serosa and muscularis and into the submucosa of the cecum, encircling the base of the appendix, but it is not, at first, tied. The appendix is then transversely about 1.2 cm. (1/2 inch) from its base. The stump is now invaginated into the cecum; it is sometimes first sterilized by the actual point of the cautery or with phenol followed by alcohol. While the stump of the appendix is held invaginated into the cecum, the surgeon draws upon the free ends of the purse-string suture. If considered necessary—and it is sometimes safer—two or three interrupted Lembert sutures may be used further to invaginate the stump. This procedure is for appendixes whose walls are of more or less natural thickness and softness—capable, in other words, of invagination.

Fowler Cuff Method.—Divide circularly the peritoneal coat of the appendix about 6 mm. (1/4 inch) from the cecum, peel back this serous coat toward the cecum, and on a level with the turn-back serosa divide the middle and internal coats of the appendix near the cecum. This short stump itself is then depressed, rather than invaginated, into the cecum, and the serosa is sutured over the stump, or it may be invaginated by means of a purse-string suture. This method is particularly applicable to thick, hard appendixes of narrowed caliber.

Halsted Three Clamp Method.—This method of removing the appendix is especially to be recommended. The appendix is clamped near its base strong enough to crush it; a second clamp is applied above the first clamp with the handle in the opposite direction; and a third

Read before the Pinellas County Medical Society, May 1, 1947.

clamp is placed below the middle one, with its handle running with that of the uppermost clamp. The middle clamp is then removed, and the crushed appendix is severed with the actual cautery. It is then invaginated into the cecum, and the purse-string suture is tightened; the site is reinforced by two or more Lembert sutures.

If the appendix is bound down by dense adhesions and cannot be delivered up, use of the methods described would be difficult or out of the question. If the appendix is especially friable, perforated near its base, or gangrenous, the purse-string method may be used.

I now review an unburied stump method of removing the appendix when it is actually or chronically inflamed but not too friable, gangrenous or ulcerated at the base, which I have used during the fourteen years I have practiced surgery. After the appendix is found and freed from any adhesions, it is held upward with slight tension. The mesoappendix is punctured at the base of the appendix by small forceps, carrying chromic catgut, size 2, which encircles and ties the mesoappendix at its base leaving the ends long; it is then cut from the appendix. The appendix is crushed by the hemostat at about 1/4 inch from its base and single-tied or double-tied with chromic catgut, size 2, depending on the size of appendix, and the ends are left long. The appendix is crushed again 1/4 inch distal to the tie; then the clamp being moved distally 1/4 inch, the appendix is transversely divided between the tie and the clamp, and the stump is carbolized and neutralized with alcohol. The long ties left on the appendix stump and mesoappendix stump are then tied together, giving what could be called a semiburied appendix stump.

In no case has infection or peritonitis developed from this method. In cases in which I later operated on the patient for other conditions, I found the lesion perfectly healed with no more than normal adhesions. I believe that with clean cases this method offers less danger of puncturing too deep into the cecum than purse-string methods, with peritonitis resulting. There is danger, however, possible to the same degree in both this and purse-string methods, of an ileus developing and pressure opening the appendix stump with resulting peritonitis, which, I am glad to say, has not yet happened in over 400 cases in which my patients have been subjected to this operation.

SUMMARY

The course of the appendix and its relation to the peritoneum and the cecum are briefly discussed. The Dawbrin purse-string, Fowler cuff and Halsted three clamp methods of removal are described. In addition, there is presented a method of removal and caring for the stump, used successfully in more than 400 cases.

REFERENCE

1. Bickham Operative Surgery, vol. 4, pp. 615 and 789-795.

1219 Cleveland Street.

ABSTRACTS OF MEDICAL ARTICLES

EMOTIONS IN THE ALLERGIC INDIVIDUAL. BY FRANK C. METZGER, M. D. AM. J. PSYCHIAT. 103:697-699 (MARCH) 1947.

The author finds that the emotional factor complicates the picture of allergy more often than all of the physical complications encountered, although the literature contains scant reference to it. He reasons that in allergic persons manifestations such as asthma, hay fever and hives may be precipitated on the basis of fear, emotion or fixed ideas formed in a manner paralleling that which gives rise to the cardiac neurosis, the fear of tuberculosis and the cancer phobia. He gives examples which indicate that many failures in allergic treatment are attributable to complicating neurotic factors that are not or cannot be overcome, or to attempts to treat in an allergic way manifestations which are purely psychoneurotic. It is his opinion that greater significance should be attached to psychic factors, particularly emotional complications, in the treatment of allergy.

THE CATGUT CLOSURE OF THE LOW MIDLINE INCISION AND EARLY AMBULATION. BY C. LARIMORE PERRY, M.D. SOUTH. M. J. 40:246-248 (MARCH) 1947.

The author relates his experience in 100 consecutive private gynecologic cases in which the low midline approach was used. In the series were 51 total hysterectomies, 18 subtotal hysterectomies, and 31 adnexal procedures. He concluded that continuous catgut closure is satisfactory in the low midline incision, that catgut closure is compatible with early ambulation and that early ambulation lessens morbidity in the surgical patient.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. MCEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. MCKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
C. FREDERIC ROCHE, M.D...D-48.....*Miami*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami Beach*
THOMAS W. TAYLOR, M.D ..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48.*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MAXEY DELL, JR., M.D...AL-48.....*Gainesville*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES. M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahoochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D...AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51..... *DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48..*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
DUNCAN T. MCEWAN, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1947)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
LOUIS M. ORR, II, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1948)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D.....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents
John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945..... *Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

BETTER PUBLIC RELATIONS NEEDED—NOT MORE PUBLICITY

In a newspaper dated June 27, 1947 the following headlines appeared:

"Doc Peels Vet's Heart, Saves Life"

The release was from Memphis, Tenn., and the article related that delicate surgery was performed at Kennedy Veterans Hospital on Johnny Bridges when Dr. Felix Hughes operated upon him for constrictive pericarditis, laid open the young Navy veteran's chest and held the heart in his hand while he peeled it much as one would peel a tough orange.

The readers thus were led to believe that a thrilling new milestone in modern surgery had been reached. They were not told that Dr. Claude S. Beck of Cleveland originated the operation in 1930 and that he and other outstanding cardiovascular surgeons had reported at length on the subject since that time. This indiscriminate and apparently ill advised release of sensational medical news makes one hark back to the days of the "upside down stomach" and the ballyhoo which accompanied that fiasco.

It would appear that professional men, when they have released medical news in the past, sometimes have been thinking more of personal publicity than of supplying the public with information. The day of the bewhiskered, tell-the-public-nothing type of physician is gone forever, of course, but one should not go to the other extreme and blurt out ill chosen information which poorly represents the subject matter.

Articles released for public consumption should contain carefully prepared, well organized, logical data. They should trace history and give credit where credit is due. A dramatic touch often plays up general interest in bona fide medical news items, but good writers have learned that an article does not have to be sensational in order to carry an appeal to the public.

Improvement in public relations is necessary to gain and retain the confidence of the man in the street. Toward that end the members of the medical profession should work intelligently.

THE SUPPLY OF NURSES

Every physician should count it a privilege and indeed a duty to endeavor to interest qualified high school graduates in the opportunities for service that are available in the nursing field. There are 1,229 hospitals in this country maintaining accredited schools of nursing education and 191 offer acceptable affiliated courses for student nurses. Naturally hospitals are deeply concerned with the training of nursing personnel in their efforts to continue maintenance of high standards of service for an increasingly hospital-minded public. Nevertheless, admissions to schools of nursing in 1946 were lower than at any other time in the last ten years; only 30,899 students were admitted, as compared with 56,567

the previous year and 39,000 in 1938. The total enrolment of 112,885 was in contrast to 130,909 in 1945.

The shortage of nursing personnel is too well known to need comment, but the immediacy of the situation and its import for the years that lie just ahead are perhaps not fully appreciated. There is an estimated deficit of 40,000 graduate nurses for the care of the sick at the present time, and a poll by the American Hospital Association shows that 16 per cent of the hospitals of the country have beds in the number of 33,000 closed for lack of nursing personnel. Not only are needed beds unavailable in many instances, but many beds are occupied by patients receiving inadequate care because of insufficient personnel. The alarming decrease in student enrolment neither offers hope of immediate relief nor augurs well for a solution of the problem in the near future.

This shortage is attributed to numerous causes. In addition to increased demand and decreased enrolment, there is the continual shortening of the work day and the work week, which requires increased personnel to meet the needs. The Veterans Administration continues to expand greatly its hospital facilities. Full time positions in industry, in physicians' offices, in public health agencies, in schools and elsewhere all attract nurses today. Too, many who enrolled in military service have not returned to nursing practice, and many marry and discontinue the practice of their profession.

Whatever the reasons for the present shortage, every effort should be made to correct it. A national campaign of recruitment to stimulate enrolment in nursing schools is one measure. As a partial solution, another is the exploitation on a broad scale of the role of the nurses' aide, so auspiciously begun during the war. The American Surgical Association advocates the immediate establishment of shortened courses for bedside nurses. Whatever concerted action is taken to meet the problem, the individual physician in the course of his routine practice can do much to encourage interest in the nursing profession and to stimulate enrolment in nursing schools by seeking out likely candidates and urging them to choose this noble calling. By not overlooking this opportunity to help build up this indispensable profession, he serves the best interests of his patients, of himself and of the country as a whole.

INSPECTION OF MILK

The members of the Association wholeheartedly supported the State Board of Health in its opposition to a bill introduced in the recent legislature designed to make the State Board of Health subordinate to the Department of Agriculture in every phase of milk inspection. When this bill crippling the health authorities of the state in their efforts to insure the bacteriologic purity of milk sold to the public was reported favorably both in the House and the Senate, a storm of protest resulted in agreement on a compromise bill which was passed.

Dr. Wilson T. Sowder, State Health Officer, summarizes the provisions of this bill as follows: The State Board of Health is to make bacteriologic examinations of milk on any specimens submitted by any agency, may inspect milk in establishments where it is being sold to the public, and will make immediate investigation wherever the public health appears to be in danger. Instead of the provision in the original bill that the State Board of Health should report its findings to the Department of Agriculture within fifteen days, free exchange of information between these two agencies is stipulated.

The authority for making regulations relating to the production and processing of milk was transferred to the Department of Agriculture, thus nullifying the State Board of Health sanitary code in this particular. Also, the Department of Agriculture now becomes the state agency to inspect milk processing plants and dairies. Local health departments, both county and city, may, however, also enforce the state laws relating to the production and processing of milk. Presumably, they have equal authority with the Department of Agriculture in enforcing the laws and regulations promulgated by that agency, although it is not mandatory that they do so. City health departments, and also county health departments, which in most instances act for the cities, remain free to enforce city ordinances relating to the production and processing of milk.

Actually then, there is little change with reference to the inspection of milk. The one milk inspector employed by the State Board of Health in the central office will continue to act as consultant to the various local health departments in the state, but he will not make direct inspections except where the public health seems to be in danger.

MEDICAL DISTRICT MEETINGS

Dr. W. Duncan Owens, Chairman of the Council, the eight Councilors and the secretaries of county medical societies where medical district meetings will be held have completed the programs and arrangements for entertainment. A printed program will be mailed to members of the Association, and all are urged to attend as many of these medical district meetings as possible. These fall meetings present an exceptionally fine opportunity for members to get together and to hear good scientific papers and short addresses by the officers of the Association. All meetings will open at 2:30 p.m. on the dates specified below:

Monday, October 27, 1947
Panama City
St. Andrews Bay Yacht Club

Address of Welcome, C. W. Shackelford, President, Bay County Medical Society
"Medical and Surgical Treatment of Conditions Involving Sight," Nathan S. Rubin, Pensacola
Address (by invitation), "Clinical Use of Streptomycin in Urinary Tract Disease," Linus W. Hewit, Tampa

Wednesday, October 29, 1947
Lakeland
Yacht and Country Club

Address of Welcome, Edgar Watson, President, Polk County Medical Society
"Endemic Typhus Fever with Reference to Para-Aminobenzoic Acid Treatment," Henry Fuller, Lakeland
Address (by invitation), "Modern Management of Colles' and Pott's Fractures," Herbert W. Virgin, Jr., Miami

Thursday, October 30, 1947
Ft. Pierce
New Ft. Pierce Hotel

Address of Welcome, Erasmus B. Hardee, President, St. Lucie, et al County Medical Society
"Management of Heart Disease," C. Frederic Roche, Miami
Address (by invitation), "Typhus Fever; with Report of Seven Simultaneous Cases in Ocala," Henry L. Harrell and Eugene G. Peek, Ocala

Saturday, November 1, 1947
St. Augustine Country Club

Address of Welcome, G. Walter Potter, President, St. Johns County Medical Society
"Management of Perforating and Penetrating Wounds of the Abdomen," Horace M. Anderson, Jacksonville
Address (by invitation), "Cervical Lesions—Diagnosis of Malignant Disease by Vaginal Smear," Lee T. Rector, Tampa

After the scientific assemblies, addresses will be given at each of the four medical district meetings by the officers of the Association:

W. C. Thomas, President
Joseph S. Stewart, President Elect
Robert B. McIver, Secretary-Treasurer
Shaler Richardson, Editor of the Journal
Walter C. Payne, Chairman, Board of Governors

At 4:45 p.m. refreshments will be served by the host societies, followed by dinner at 6:30 p.m. At the St. Augustine meeting an old-fashioned barbecue is scheduled at the dinner hour.

PUBLIC RELATIONS

Medical public relations activities in all state medical associations fall into a fairly definite pattern, differing from each other in degree and detail of operation. The over-all, long range program is normally subdivided under four major headings: assistance, counsel and coordination for the county medical units and for the individual members; information to, and the education of, the lay public as to the progressive policies of the state and component societies in the interest and general welfare of all; legislative activities, state and federal; and a school program with the primary objective of improved relations with the adults of tomorrow.

Accurate measuring of the results of any public relations program is difficult. This is particularly true with any organization which does not have a sales chart to be used as a measuring stick. A survey of opinion, however, among those state medical associations which have pioneered in the field makes possible a few general conclusions.

Physicians have cooperated in the main and have shown definite enthusiasm once the necessity, purpose and soundness of such a venture has been demonstrated. The fundamental public relations influence is the individual doctor in his daily contacts with patients and social and business acquaintances. Experience has demonstrated that if the members of the profession are public relations conscious, success is assured and there is no question of public support and regained prestige. Without this cooperation innumerable experts with unlimited funds are of no avail.

Success in legislative activities is great in those instances in which the doctors and their friends make known their desires and opinions to the legislators from their own counties or senatorial districts. Legislators are interested in what the voters in their home districts are thinking. They will listen to their own doctors and the voice of the local medical society. The stand taken by the state medical association concerns them to

a much lesser degree. The men who make the laws will vote for sound health measures if they are given the facts.

The public generally is supporting the profession. Receptiveness and cooperation are assured if facts and figures are repeatedly given to them. Once it has been demonstrated that the medical profession has the welfare of the public at heart, and evidence of this attitude is shown by the actions of the doctors, the local societies and the state association, lay support becomes definite and audible. A constant progressive program in the interest of the people, clearly devoid of abnormal selfish motives, is reasonably certain to take care of the perennial outburst for compulsory health insurance.

Newspaper editors and radio station managers have shown inclination to give adequate space or air time once they are convinced that the profession is sincere, that the program is to the interest of the public, and that the actions are not directed, primarily, by selfish desires. Nothing of importance can be accomplished without the assistance of these two groups.

Effective school programs are mandatory. Unquestionably the school children of today are the adults of tomorrow. Educators, parents and pupils react favorably provided that the activities of the medical profession are thoroughly coordinated with those of other health and welfare agencies operating similarly. The good will created in this manner pays big dividends, now and in the future.

HEALTH INSURANCE LEGISLATION FROM A COLUMNIST'S VIEWPOINT

It was gratifying to read not long ago in Raymond Moley's newspaper column a clear and concise excoriation of health legislation pending in the Congress recently, characterized appropriately enough as "euphoniously but fraudulently called 'health insurance.'" In support of the observation that people react negatively if asked to pay for having the government do something, but are willing enough if the inference is conveyed that they will get something for nothing, Moley cited two polls on health insurance showing glaring difference in results. In one, only 16 per cent of those who replied favored a 6 per cent deduction from wages for federal medical care and hospitalization; in the other, 68 per cent of those replying approved of having social security cover physician and hospital care. This love of something for nothing, he declared, is "what Roosevelt's New Deal exploited so successfully . . . a deliberate deception, but it had the pulling power of a beetle-trap."

Of the Murray-Wagner-Dingell Bill, embodying Senator Wagner's proposal to extend social security to include what he called "national health insurance" and unsuccessful so far largely because of the overwhelming opposition of the medical profession, this able columnist wrote in part:

> But each year the M-W-D plan has reappeared, like Puck, in a new embodiment. If a certain feature meets stiff and convincing criticism one year, the next edition amends that feature. But no matter how much it is pruned, it is the same tree. It is not insurance, for it is not self-supporting. It is not collective medical care, for its beneficiaries do not pay for what they get. It is plainly government medicine, for the most part a handout which does not admit that it is charity.
>
> The current edition of the bill, s.1320, contains the usual Wagneresque overture of sententious purpose. It proposes a vast range of serices for practically everyone who wishes free service and his dependents. It covers all sorts of medical, dental, nursing and hospital services. In part, it would be paid for by a tax on wages and on pay rolls and, in part, by general taxation. Its ramifications go into state and local public health, into hospitals, private voluntary health associations and the like.
>
> Such a setup, of course, involves a New Dealer's delirium of bureaucracy . . .
>
> Nothing ever was conceived or devised which would more effectively reduce the medical profession to dependence on the Government and tie state and local agencies to the wheels of the Federal Government.
>
> This bill has no chance of passage this year, but it may well be the keystone of next year's Democratic platform. It is a threat which deserves far more public attention than it has yet been receiving.

In a later column, Moley outlined the essential features of the national Health Bill, presented in January by Senators Taft, Ball, Smith and Donnell as an alternative to the Murray-Wagner-Dingell Bill and sure to be an issue next year since it remained as part of the unfinished business of the expiring session. Noting that this measure has already received favorable support from the American Medical Association, the National Physicians Committee, many state medical associations and other agencies and is bound to receive widespread attention before the Congress reconvenes, he summarized its highlights as follows:

> In principle, the Taft Bill recognizes the duty of the State to provide medical and dental care for those unable to pay for it. To aid the States in fulfilling this duty, the Federal Government would provide $200,000 000 a year for five years for medical care and a total of $77,000,000 over

five years for dental inspection and care. To strengthen the capacity of the Federal Government to administer this aid to States, the bill provides for the gathering together of several Federal health agencies into one Federal agency. The administrator of such an agency would be a doctor outstanding in the field of medicine.

This bill recognizes that personal health is a public concern and that those who cannot afford decent medical care should be helped to get it. But to avoid the development of the theory that all should be entitled to free care, the principle of established need is included. This protects the private medical profession from competition with Government medicine. The bill also recognizes that the State, not the Federal Government, is the proper agency to care for the indigent and unfortunate.

The bill makes generous provision for research and inspection, which are always a proper function of government . . .

If the bill is not passed before the Presidential nominating conventions, it may well become a major issue in the 1948 campaign. It would then be the Republican answer to the Murray-Wagner-Dingell Bill, which is almost certain to be a Democratic platform promise.

It is the habit of most advocates of a big Federal bureaucracy for medical care to call their plan "socialized medicine." This is a gross misrepresentation. Medicine has become more and more socialized with the passing of the years. Private hospitals, clinics, research foundations, health insurance plans and the like are all socialized medicine. They have cooperative, charitable and collective features. But they represent voluntary private effort. Socialized medicine is not necessarily government medicine. The surest way to destroy private collective medicine is to let people think the government will take over. The Taft Bill represents the happy medium.

This informed viewpoint, concisely expressed by a distinguished member of the laity is indeed refreshing. It sets a worthy pattern of uncompromising opposition to "an intolerable piece of bureaucracy" and commends a balanced, constructive program of health legislation formulated on a sound basis.

HOSPITAL SERVICE

Statistics, too often boring, are sometimes startling. That during 1946 one patient was admitted to a hospital in the continental United States every two seconds and a live baby was born in a hospital approximately every fifteen seconds is an arresting statement. It should give anyone pause for thought. Certainly it should quicken interest in Blue Cross and medical service plans. The members of the Association may well find satisfaction in the progressive step they have taken in sponsoring the Florida Medical Service Plan, which is administered in conjunction with the Blue Cross Plan.

The annual hospital report* of the Council on Medical Education and Hospitals of the American Medical Association brought to light these and other significant figures. There were more than 15,000,000 admissions last year to the 6,280 registered hospitals represented in the report. The civilian hospital service continued to expand with admissions increasing by nearly 1,000,000 and births by 185,000. The two million mark in yearly hospital births in the United States was reached for the first time, the total mounting to 2,136,373. General hospitals, exclusive of the federal group, had a substantial increase of 885,000 admissions, and there were gains in the psychiatric hospitals and in the tuberculosis sanatoriums.

From the point of view of hospital admissions the general hospital group supplied the greatest volume of service. In this group there were over 14,000,000 admissions and more than 2,000,000 births in 1946, representing 93 per cent of all patients admitted and 97 per cent of the births in all registered hospitals. It is of interest that the psychiatric hospitals received less than 2 per cent of the admissions, yet maintained an average daily census of 635,000 compared with 496,000 in the general hospital field. In relation to the daily patient load, therefore, over 50 per cent of the occupied hospital beds are utilized for psychiatric care. The average length of stay in the general hospitals during 1946 was reduced by three days, whereas the bed occupancy rate was increased from 72.0 to 77.4 per cent. The percentage occupancy for all hospitals, as a group, was 84.4, an increase of 3.6 per cent in comparison with the previous report.

In all, the impressive total of 15,153,452 admissions was nevertheless more than 1,000,000 less than for 1945, indicating a sharp reversal of the steady upward trend for a dozen years. Also, there was a considerable decrease over the preceding year in the number of hospital beds. The enormous volume of service rendered by the nation's hospitals is particularly reflected in the daily patient load, which, in round numbers, averaged 1,250,000, exclusive of newborn infants, and represents a total of 452,400,000 treatment days. Compared with 1945, there was a net decrease of 166,000. These decreases are attributed to the changing situation in military hospitals for although the hospital facilities of the Veterans Administration recently increased,

the federal hospitals as a group had a net loss of 280,000 beds and a decrease of nearly 2,100,000 admissions. Because of the reduction of hospital beds and the longer periods of hospitalization required in the care of the wounded, the increased occupancy rates were especially noticeable in the federal division, where the percentage of beds occupied advanced from 55.1 in 1944 and 71.7 in 1945 to 80.6 in 1946.

*J. A. M. A. 133:1065-1082 (April 12) 1947.

REPORT OF DELEGATES TO A.M.A. CONVENTION

The Centennial Session of the House of Delegates of the American Medical Association was held in Atlantic City on June 9, 10, 11 and 12, 1947. The Florida Medical Association was represented at all sessions by Dr. Homer L. Pearson and Dr. Duncan McEwan as alternate to Dr. Edward Jelks, who was unable to be present.

The One Hundredth Anniversary of the American Medical Association was highlighted in the House of Delegates by honoring representatives of medicine from all over the world and receiving from them greetings and felicitations. This celebration resulted in the House of Delegates being in session for the first four days of the convention.

Chicago was selected as the convention city for 1948. Atlantic City was the choice for the session in 1949 and San Francisco in 1950.

It was decided to have a two day scientific session for general practitioners at the time of the semiannual meeting of the House of Delegates. Also, it was decided that there should be a change of meeting place for the semiannual session so that it would convene in a different geographic district each year.

The resignation of Raymond E. Rich Associates as public relations consultant was announced. Members of the House voted for a continued expansion of the Association's public relations program and delegated the task to the Trustees' Executive Committee until the public relations division could be restaffed.

The Council on Medical Education and Hospitals condemned the policy of certain hospitals in limiting their staff appointments to physicians certified by specialty boards or holding membership in certain special medical societies. It was the consensus that hospital staff appointments should depend on the qualifications of physicians to render proper care to hospitalized patients as judged by the professional staff of the hospital and not on certification or special society memberships. The Council also recommended again the establishment of a staff section of general practice in hospitals.

Important among the resolutions adopted by the House of Delegates was the one discharging the Committee on National Emergency Medical Service and constituting this body as a council of the Board of Trustees, to be known as the Council on National Emergency Medical Service. This is a progressive step, and the work of this group will go forward toward planning for medical care of civilians and military personnel in the event of a national emergency.

The House of Delegates was especially cognizant of the scarcity of nurses in the United States, and the problem was discussed. The House appointed a Committee on Nursing Problems, which is to make a thorough survey and study of the problems in order to make the proper recommendations.

It was recommended that there be a closer affiliation of the American Medical Association with the third and fourth year medical students, possibly by affiliate membership, and by such other means as the re-establishment of a student section in The Journal and encouragement of presentation of scientific papers at county, state and even national levels; also, it was decided that consideration should be given to the possibility of a student section of the scientific assembly. The teaching of medical economics in medical schools was suggested. The Secretary, in collaboration with the councils and bureaus, is preparing an illustrated booklet describing the various activities carried on by the Association for distribution to graduating medical classes.

The new officers of the Association, elected in Atlantic City, for 1947-1948 are: Dr. Roscoe L. Sensenich, South Bend, Ind., President Elect; Dr. Thomas A. McGoldrick, Brooklyn, Vice President; Dr. George F. Lull, Chicago, re-elected Secretary and General Manager; Dr. Josiah J. Moore, Chicago, re-elected Treasurer; Dr. R. W. Fouts, Omaha, re-elected Speaker of the House; Dr. Francis F. Borzell, Philadelphia, Vice Speaker of the House; Dr. Dwight H. Murray, Napa,

Presented at Board of Governors' meeting, Jacksonville, Sept. 21, 1947.

Cal., re-elected to a five year term, Board of Trustees; and Dr. Edward J. McCormick, Toledo, Ohio, elected to a five year term, Board of Trustees.

Duncan McEwan
Homer L. Pearson

MEDICAL LICENSES GRANTED

Dr. H. D. Van Schaick, Secretary of the State Board of Medical Examiners, has reported that of the 183 applicants who took the examination of the Board, held June 24-25, in Jacksonville, 172 passed and have been issued licenses to practice medicine in Florida. The names and addresses of the 172 successful applicants follow:

Ahbis, Frederick James, St. Petersburg (Michigan 1938)
Anderson, Russell Lloyd (Col.), Tallahassee (Howard 1946)
Baker, Collin Freeman, Jr., Tampa (Vanderbilt 1943)
Barnett, William Oscar, Tampa (Tennessee 1946)
Barrow, George William, Jr., Crestview (Emory 1947)
Bender, Rosarie, Buffalo, N. Y. (Buffalo 1920)
Bennett, Edmund DeBerry, Tampa (Emory 1943)
Benton, Charles Richard, Gainesville (Columbia 1947)
Bernstein, Arthur, Newark, N. J. (Pennsylvania 1935)
Bishop, Richard Calvin, St. Petersburg (Duke 1946)
Blackhurn, Lester Haynes, Sylacauga, Ala. (Louisville 1943)
Bluestone, Alexander Herbert, Miami Beach (Middlesex 1944)
Boerger, Victor Ladson, Fort Wayne, Ind. (Indiana 1943)
Boggs, Roy Eugene (Col.), Miami (Meharry 1947)
Borden, Robert Andrew, Crestline, Ohio (Michigan 1943)
Branning, Bowman Wise, Coral Gables (Yale 1937)
Bresler, Emanuel H., Pensacola (Tulane 1947)
Bryan, Frank Marine, Fort Myers (Emory 1947)
Burtner, Otto Whitmore, Jr., North Haven, Conn. (Cornell 1942)
Cabanzo, Jose Nemesio, Tampa (Vermont 1943)
Camphell, James Anthony, Roanoke, Va. (Hahnemann 1938)
Carron, Harold, Detroit, Mich. (Wayne 1941)
Carver, Joseph Rodwell, Atlanta, Ga. (Georgia 1947)
Cea, Nicholas Stevens, Bronx, New York City (Boston 1931)
Chapman, John Foster, Atlanta, Ga. (Emory 1942)
Chittenden, George Edgar, Detroit, Mich. (Indiana 1925)
Cohen, Elliott Carl, Brooklyn, N. Y. (Long Island 1945)
Cook, Ellison Richards III, New Orleans, La. (Emory 1943)
Cook, Martin Jan, New York, N. Y. (Rush 1941)
Coudon, Joseph, Jacksonville (Virginia 1938)
Coxe, Lemuel Foster, Jr., St. Augustine (Tennessee 1930)
Daniels, Virgil Clayton, Jr., Clearwater (Virginia 1940)
Davis, Oscar Theodore, Winston-Salem, N. C. (Bowman Gray 1943)
DeBusk, Franklin Lafayette, Gainesville (Hopkins 1946)
Diamond, Harry Davis, Neponsit, L. I., N. Y. (George Washington 1931)
Douglas, William Morton, Weirsdale (Emory 1947)
Edwards, Ray Omer, Jr., Jacksonville (Tulane 1947)
Egbert, Herbert Lowell, Indianapolis, Ind. (Indiana 1936)
Elam, Lincoln Patrick, Jr., Lincolnton, Ga. (Georgia 1947)
Emmel, George Leonard, Gainesville (Pennsylvania 1947)
Engle, Howard Aaron, Milwaukee, Wis. (Wisconsin 1943)
Evans, Kline Wilborn, Miami (St. Louis 1944)
Fagan, Frank J., Jr., Tampa (Georgetown 1947)
Ferran, Harry Harper, Orlando (Vanderbilt 1943)
Fischer, James Eugene, Miami (Michigan 1942)
Fleming, Jack Warren, Pensacola (Emory 1947)
Frazier, Claude Albee, Miami (Virginia 1944)
Fronduti, Lucian John, Miami Beach (Jefferson 1934)
Gale, James Cofer, Orlando (Virginia 1943)
Garrett, Thomas Cresson, Philadelphia, Pa. (Pennsylvania 1929)
Gibson, Joseph Allen, Gulfport, Miss. (Tulane 1943)
Gillespie, Samuel Dewey, Jr., Decatur, Ga. (Emory 1947)
Glanton, James Bellfield, Mount Dora (Vanderbilt 1943)
Glenn, Robert Baltzell, Jacksonville (Georgia 1941)
Glenn, Walter Justis, Jr., Wheeling, W. Va. (Pennsylvania 1943)
Goldstein, Norman, Miami Beach (Emory 1947)
Goodnow, Chester Lloyd, Clearwater (Tufts 1934)
Gottleib, Frederick Ira, Atlanta, Ga. (Emory 1947)
Griffith, Newell Jerome, St. Augustine (Temple 1943)
Grizzard, Vernon Townes, Jr., Jacksonville (Emory 1944)
Hall, James Basil, Sebring (Tennessee 1937)
Harris, Elmer Jacobs, New Orleans, La. (Tulane 1941)
Haskell, Edward Gustavus, Jr., Jacksonville (Duke 1946)
Hazouri, Louis Ahraham, Jacksonville (Emory 1947)
Hodes, Richard Samuel, Barberville (Tulane 1946)
Hodges, John McCormick, Sr., Marietta, Ga. (Georgia 1947)
Hogan, James Edward (Col.), Miami (Meharry 1947)
Holmes, Chester Leon, Tampa (Tennessee 1942)
Hotard, Roland Frank, Jr., Winter Park (Tulane 1947)
Houston, William Herbert, Jr., St. Augustine (Georgia 1947)
Hudson, Howard Sampson, Ocean City, N. J. (Hahnemann 1936)
Hutson, Thomas Woodward, Jr., Miami (South Carolina 1947)
Jones, Leland Worcester, Jacksonville (Yale 1945)
Juarez, Oscar Aragon, Tampa (National University, Guatemala, C. A. 1944)
Julich, Arthur Wilson, Umatilla (Tennessee 1946)
Kahn, Leon, Sebring (Tulane 1947)
Kann, Solomon, Miami Beach (Wisconsin 1947)
Keedy, Christian, New Haven, Conn. (Cornell 1941)
Kirsh, David, Miami Beach (Pennsylvania 1940)
Klinkenberg, Royle Buckner, Quincy, Ill. (Kansas 1938)
Kokomoor, Marvin LaVon, Gainesville (Michigan 1943)
Kope, Ruth Winston, Clearwater (Toronto 1941)
Kratz, Robert Collin, Independence, Ky. (Cincinnati 1947)
Landham, Jackson Wiley, Jr., Miami (Emory 1947)
Leavitt, Arnold Harold, Champaign, Ill. (Illinois 1941)
Leek, Edwin Sihley, Miami Beach (Tennessee 1938)
Lehrich, Robert Benson, Brooklyn, N. Y. (New York 1947)
Lineback, Carl Mayo, Bushnell (Emory 1946)
Linton, Lillie Ovelia, Miami (U. of Chicago 1947)
Love, Alhert Gallatin IV, Miami Beach (Tennessee 1935)
Lovitz, Harold, New Orleans, La. (Louisiana State 1947)
Lynch, Marshal Buel, Moorhead, Miss. (Tennessee 1941)
McCurdy, Gordon Judson, Hollywood (Michigan 1927)
McDonald, John McWilliam, Jacksonville (Toronto 1916)
McRae, James Hendry, Detroit, Mich. (Wayne 1941)
Marino, Frank Xavier, New Orleans, La. (Harvard 1939)
Marotti, Rita Christina, Winter Haven (Temple 1945)
Meadows, Frederick Canning, Jacksonville (Georgia 1943)
Meeks, Calvin Stewart, Jr., Orlando (Georgia 1947)
Melich, Edward Idel, Largo (George Washington 1932)
Mendel, James Harold, Jr., Coral Gables (Emory 1947)
Mentzer, Dodge Dustin, Lake City (Georgia 1945)
Mickler, Rohert Hamilton, Chattahoochee (Tennessee 1944)
Miller, John Hamilton, Bartow (Emory 1943)
Milloff, Bernard, Miami Beach (Maryland 1944)
Mitchell, Wallace Herttell, Key West (Maryland 1947)
Neal, Lum Geoffrey, Jr., Cleveland, Ga. (Georgia 1947)
Nodine, John Hazen, Clearwater (Pennsylvania 1947)

Owings, William Jennings Bryan, Brent, Ala. (Tulane 1932)
Ownby, Fred Dillard, Orlando (Emory 1947)
Pearce, John Lenoir, St. Petersburg (Tennessee 1944)
Pellicane, Anthony Joseph, New Brunswick, N. J. (Jefferson 1933)
Pessolano, Louis Carl, New Kensington, Pa. (Temple 1933)
Phillips, William Colbert, Miami (Emory 1941)
Rand, George Leonard, Chicago, Ill. (Loyola U. 1931)
Reeder, Franklin Harris, Panama City (U. Edinburgh 1932)
Reinhardt, Roger Franklin, Ashburn, Ga. (Georgia 1947)
Rentz, Billy Parrish, Miami (Emory 1947)
Repp, Edward Martin, Philadelphia, Pa. (Pennsylvania 1932)
Reuling, Louis, Severna Park, Md. (Johns Hopkins 1940)
Rizk, Wade Saleem, Jacksonville (Georgetown 1929)
Robinson, John James, Dublin, Ga. (Wisconsin 1936)
Rodstein, Manuel, Brooklyn, N. Y. (New York U 1940)
Roehm, Charles James, DeFuniak Springs (Loyola 1943)
Ross-Duggan, John Kimbell, Jr., Jacksonville (Loyola 1947)
Roth, Julius Andrew, Carlinville, Ill. (St. Louis U 1930)
Ruhl, Frank Gelon, Jr., Croswell, Mich. (Wayne 1943)
Sanders, Harold Leon, Greenville, S. C. (Emory 1947)
Schneck, Kenneth William, Syosset, N. Y. (Columbia 1934)
Schneider, Irving Morton, Miami Beach (New York U 1937)
Schneider, Lawrence John, Atlanta, Ga. (Cincinnati 1943)
Shapiro, Ben, Jamaica, L. I., N. Y. (Long Island 1928)
Sheridan, John Joseph, Titusville (Georgetown 1947)
Sherman, Charles Daniel, Jr., Avon Park (Johns Hopkins 1945)
Simmons, Malcolm Freeman, Jacksonville (Emory 1943)
Sinden, Richard Hopkins, Dunedin (Duke 1942)
Sinnott, Richard Francis, Miami (Loyola 1942)
Smith, James Hiram, Miami (Louisville 1946)
Smith, Louis Samuel, Newark, N. J. (New York U 1942)
Smith, Vincent Vanhorn, Ironton, Ohio (Cincinnati 1921)
Snyder, Clifford Charles, Miami (Tennessee 1944)
Speirs, Eugene Roy, Chattahoochee (Northwestern 1943)
Spitz, Harry, Fort Myer, Va. (Bellevue U 1919)
Spjut, Harlan Jacobson, Miami (Utah U 1946)
Stein, Charles, Cleveland, Ohio (U Maryland 1932)
Suhrer, Julian George, Jr., Fernandina (Emory 1947)
Summerlin, Glenn Olson, Gainesville (Maryland 1943)
Swink, Robert Landrum, Miami (Maryland 1947)
Tanner, George Edward, Baldwin (Emory 1947)
Teplis, Paul, Atlanta, Ga. (Emory 1947)
Tepper, Bernard, Cordele, Ga. (Emory 1947)
Trupp, Mason, Tampa (Maryland 1937)
Valentine, Frank, DeLand (Tennessee 1940)
Walinchus, Albin William, Coaldale, Pa. (Temple 1937)
Wallace, Arthur Jemison, Jr., New Orleans, La. (Tulane 1941)
Ward, William Quincy, Albany, Ga. (Emory 1947)
Ware, Newton Calhoun, Warrenton, Ga. (Georgia 1942)
Watterson, Kenneth Ward, York, Pa. (Pittsburgh 1929)
Webb, John Howard, Jr., Orlando (Emory 1947)
Weil, Marvin Lee, Gainesville (Johns Hopkins 1946)
Weinberg, Sidney Robert, Brooklyn, N. Y. (New York U 1937)
Wells, William Dotson, Fort Lauderdale (Cincinnati 1940)
Welsh, Robert Cooper, Coral Gables (Duke U 1947)
Whitaker, William George, Jr., Atlanta, Ga. (Emory 1942)
White, James Clarence, West Newton, Pa. (Western Reserve 1940)
Widmer, Reuben Benjamin, Jacksonville (Iowa 1943)
Wilson, Albert Allen, Tampa (Tennessee 1946)
Wilson, Siver Allen, Bradenton (Washington U 1946)
Wiltshire, Joseph Ashby (Col.), Tallahassee (Meharry 1946)
Woods, Clifford Curtis, Bay Pines (Vanderbilt 1923)
Wright, James Carter, Tallapoosa, Ga. (Emory 1946)
Zimmerman, Edward Francis, Miami Beach (Loyola 1930)

MARRIAGES AND DEATHS

MARRIAGES

Dr. John E. Dees, Miami, and Miss Elizabeth Osgood Gautier, Miami, were married on June 21, 1947.

Dr. Samuel M. Day, Jr., Jacksonville, and Miss Hazel Margaret Chitty, Jacksonville, were married on Sept. 5, 1947.

DEATHS—MEMBERS

Dr. Harry Charles Galey, Key West July 30, 1947

DEATHS—OTHER DOCTORS

Dr. Frederick Arthur Grossman, Vero Beach May 16, 1947
Dr. Ray Davies, Los Angeles, Calif. August, 1947
Dr. Judson David Chunn, St. Cloud Aug. 5, 1947

MEDICAL OFFICERS RETURNED

Dr. J. Ralston Wells, who entered military service on Feb. 10, 1942, received his discharge on Nov. 26, 1946. His address is Veterans Administration Hospital, Jackson, Miss. He held the rank of Colonel.

SOUTHERN MEDICAL ASSOCIATION MEETING

The annual meeting of the Southern Medical Association will be held this year in Baltimore during Thanksgiving week. One of the oldest American cities, this popular and important medical center attracted an attendance that broke all records when this association last met there in 1936.

Three days instead of three and one-half will be devoted to the meeting this year. Registration will begin on Monday morning, November 24, at 8:30 at the Fifth Regiment Armory on Hoffman Street, where most of the meetings will be held and where the scientific and technical exhibits will be located. The program for that day will be conducted by the local profession. The association's twenty-one sections will hold their meetings on Tuesday and Wednesday, November 25 and 26.

Hotel reservations should be made at once through the Hotel Committee, Southern Medical Association Meeting, 1714 O'Sullivan Building, Baltimore 2, Md. The hotels will make reservations only through this committee.

STATE NEWS ITEMS

Dr. Frank V. Chappell of Tampa, the president of the Florida Public Health Association, announces that the annual meeting of this organization will take place in Tampa, October 23-25. The membership includes physicians, nurses, sanitary engineers, sanitary inspectors and others engaged in or interested in public health in the state. Several distinguished speakers from out of the state will address the association on subjects of interest to the medical profession in general. All members of the Florida Medical Association are invited to attend the sessions.

Dr. Warren W. Quillian of Miami, president of the Dade County Medical Association, and Dr. Luther W. Holloway of Jacksonville, were participants in the Southern Pediatric Seminar which was held in July at Saluda, N. C. Dr. Quillian lectured on "Pyuria" and also on "Examination of the Normal Infant."

Other members of the Florida Medical Association who attended the meeting are Drs. Terry Bird, Apalachicola; Leland H. Dame, Orlando; Willis W. Harris, Bradenton; Steve R. Johnston, Ft. Pierce; Chas. L. Kennon, Miami; Sherrod A. Lindsey, Fort Meade; David W. Martin, West Palm Beach; Walter C. Page, Cocoa; James B. Parramore, Key West; Henry L. Tippins, Miami; A. Clark Walkup, St. Augustine.

The problem of a shortage of doctors in Florida is quickly being eliminated, according to a statistical report. Dr. Harold D. Van Schaick, Miami Beach, Secretary of the State Board of Medical Examiners, has just announced that 664 physicians have been granted licenses to practice medicine in Florida during the last two years. In addition to the newly licensed physicians, more than 500 medical officers have returned to their posts from military service.

The next examination held by the State Board of Medical Examiners will be at the Roosevelt Hotel, Jacksonville, Nov. 25-26, 1947. The business meeting will be held November 24 at 1:00 p.m. and the Credentials Committee will meet at 7:30 p.m., November 24 in the Roosevelt Hotel. For additional information communicate with Dr. Harold D. Van Schaick, Secretary, 6675 Windsor Lane, La Gorce Island, Miami Beach.

A recent report on the enrolment of medical plans indicates that the Florida Medical Service Corporation's enrolment in the second quarter of 1947 increased 116 per cent. It also shows that the Florida Medical Service Plan had an increase in enrolment for the first six months of 1947 amounting to 763 per cent. The total enrolment at the close of business on June 30 showed the Florida Medical Plan as having 25,197 enrolled, averaging 2.34 persons per contract. Of this number over 22,000 have enrolled since Jan. 1, 1947. While this number is especially gratifying, there still is a long road to travel, for at the present time, with the Florida population in excess of two million, only 1.22 per cent of the population is enrolled. With the wholehearted support of the members of the Florida Medical Association, the Plan will be able to maintain this record.

The final edition of the book, "Courage and Devotion Beyond the Call of Duty," which is composed of official awards and citations received by United States medical officers during World War II, is now being prepared by Mead Johnson & Company, Evansville, Ind. Any physician who has not already done so, should advise this firm of the awards he has received and should also send a typewritten or photostatic copy of his citations. The following additional information would be of asistance in compiling the material for this book: present rank or rank at the time of discharge, branch of the service, from what university and in what year the M. D. degree was received, and the date of entry into the service.

Dr. Bricey M. Rhodes has returned to Tallahassee from Chicago where he spent two months doing postgraduate work in surgery.

WANTED: Graduate physician with Florida license experienced in internal medicine with knowledge of uset of physiotherapy for institutional service in Miami area. 69-12.

COMPONENT COUNTY SOCIETIES

DADE

Twenty-six physicians of Miami particularly interested in diabetic problems met on July 8, 1947 at the Jackson Memorial Hospital. This group elected an organizing committee for the creation of the Miami Diabetic Association as a prospective affiliate of the American Diabetic Association and chose Dr. Carlos P. Lamar to serve as president, Dr. D. A. Marion and Dr. David W. Fassett as vice presidents and Dr. Harold Rand as secretary. All interested physicians in the Miami area were invited to affiliate with this new specialty organization. At a second meeting on August 12, a charter was presented for signatures.

HARRY CHARLES GALEY

Dr. Harry C. Galey of Key West died suddenly of a heart attack at his home on the morning of July 30, 1947. He would have been 62 years of age on August 31.

Born in Philadelphia in 1886, Dr. Galey was the son of Harry C. Galey, a native of London, England, and Rose Christman Galey of Philadelphia. He became interested in medicine at the age of 16 and moved to Key West to study with his uncle, Dr. John B. Maloney, an outstanding physician in that city at the turn of the century. In 1913 he was graduated from the University of Pennsylvania School of Medicine. Desiring to specialize in tropical diseases, he spent his internship in Colon Hospital, Panama Canal Zone.

In 1915 Dr. Galey returned to Key West to practice with his uncle, and when Dr. Maloney died the following year, he took over his uncle's practice. A few years later he opened a hospital, which he named the Dr. J. B. Maloney Memorial Hospital and which today continues to serve the Island City.

During World War I, Dr. Galey was a lieutenant in the medical corps of the Army. Prominent and popular in his profession, he was also an active civic leader with a keen interest in politics. From 1935 to 1937 he was mayor of Key West and he was appointed by the Governor to serve on the Monroe County Planning Board. Also, he was president of the Key West Country Club. He held membership in the Arthur Sawyer Post, No. 28, of the American Legion.

Dr. Galey was a member of the Monroe County Medical Society. He was also a member of the Florida Medical Association and the American Medical Association.

Surviving are his widow, the former Ruth Ayala of Key West, whom he married in 1916; a daughter, Mrs. Ruth Rose Welliver, and two granddaughters, Gale and Carla Camille Welliver, of Columbia, Mo.; two brothers, Roland and Earl, and a sister, Marguerite, of Philadelphia; and an aunt, Mrs. John B. Maloney, and two cousins, Mrs. George Mills White and Mrs. Robert F. Spottswood, of Key West.

ROBERT DONALD FERGUSON

After an illness of several months, Dr. R. D. Ferguson of Ocala died on July 26, 1947 at the Municipal Hospital in Tampa. He was 55 years of age.

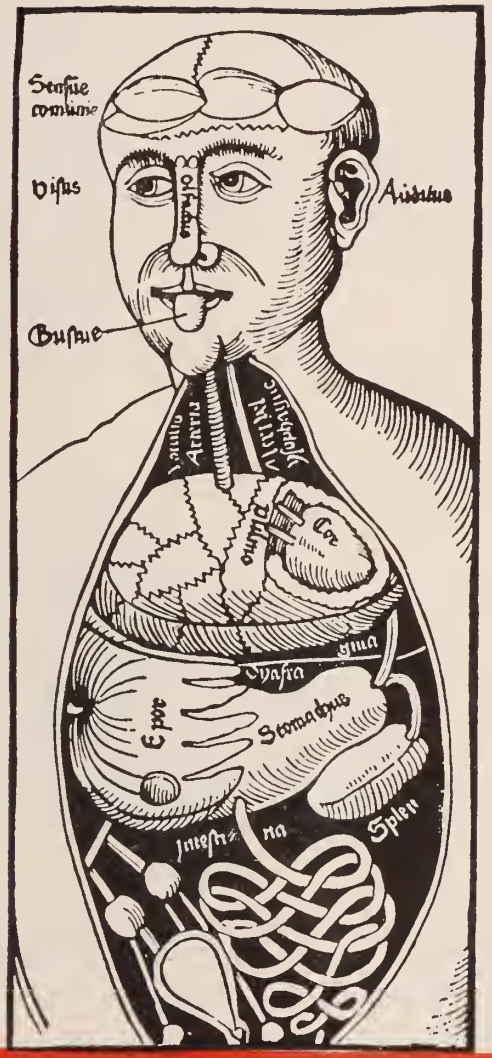
A native of Marion County, Dr. Ferguson was born June 6, 1892 on the family plantation near Emathla, the son of Robert W. and Lulu Weathers Ferguson. He completed his premedical training at the University of Tennessee and was graduated from the Tulane University School of Medicine, New Orleans, in 1915.

During World War I he served overseas as a captain in the medical corps of the Army. Before entering the service he practiced medicine at Reddick, and after the war he practiced at Titusville before locating in Ocala.

Dr. Ferguson was a member of the Marion County Medical Society, of which he was a past president. In addition, he was a member of the Florida Medical Association and the American Medical Association. He was also identified with the American Legion and the Elks Lodge.

Survivors include his widow, Mrs. Louise Ferguson; three daughters, Mrs. W. C. Allen, Orlando, and the Misses Deborah L. and Marcia Ferguson, Ocala; two sons, James Glease and Robert D. Ferguson, Jr., Ocala; his mother, Mrs. Lulu W. Ferguson, Emathla; two sisters, the Misses Sarah and Callie Ferguson, Orlando; and four brothers, Seaburn W. Ferguson, Orlando, John A. Ferguson, Wildwood, W. Vance Ferguson, Emathla, and Malcolm Ferguson, Cincinnati.

Anatamic woodcut:
Title page from
Pyligk Compendium;
1516—Courtesy,
The Bettmonn Archive



IN 1516:

Anatomic illustrations were crude; knowledge of the anatomy and the treatment of diseases of the heart and thoracic organs were extremely limited.

today:

SEARLE **AMINOPHYLLIN***

is widely employed in selected cardiac cases, bronchial asthma, paroxysmal dyspnea and Cheyne-Stokes respiration.

G. D. Searle & Co., Chicago 80, Illinois

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

*Searle Aminophyllin contains at least 80% of anhydrous theophylline

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye

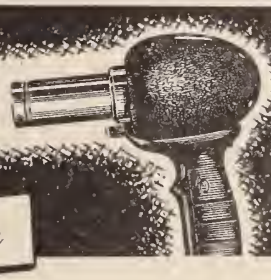
Fellow of the
American Psychiatric Association

on the spot

ILLUMINATION

with the

Operating Lamp



Professional in Design

Requirements of eye, ear, nose, and throat specialists for evenly-distributed light of great intensity are fully met with this new model AO Operating Lamp.

Provides Adjustable Spot of Light

A very intense, uniformly illuminated spot of light approximately 3″ in diameter is obtained at 11″ with the AO Operating Lamp. The size of the spot is adjustable by means of an iris diaphragm.

Light in weight . . . Trouble-Free

Aluminum and plastic materials provide unusual strength, ruggedness, without burdensome weight. Ample ventilation plus efficient heat dissipation allows long periods of use without overheating.

Hand or Stand Operation

Pistol-type grip readily converts to use with stand by means of a socket moulded into handle. Set focus eliminates bothersome adjustments, allows complete concentration on the subject.

Convenient Accessories

Right angle mirror included as standard equipment. Other accessories which increase its practical application, available at nominal cost, include: Daylight and Ultraviolet Filters, Heat Absorbing Lens, Floor Stand.

Your AO sales representative will be glad to arrange a demonstration at your convenience

American Optical
COMPANY



AMES

DIAGNOSTIC AGENTS

Simple, Reliable, TABLET Methods for Quick Detection of

OCCULT BLOOD • ALBUMIN • URINE-SUGAR

HEMATEST

Tablet method for rapid detection of occult blood in feces, urine and other body fluids. Bottles of 60 tablets.

ALBUTEST

Tablet, *no heating* method for quick detection of albumin. Bottles of 36 and 100 tablets.

CLINITEST

Tablet, *no heating* method for detection of urine-sugar.

Laboratory Outfit.

Plastic Pocket-size Set.

Clinitest Reagent Tablets 12x100's and 12x250's for laboratory and hospital use.

AMES COMPANY, Inc.

ELKHART, INDIANA

BOOKS RECEIVED

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1946. Cloth. Price, postpaid, $1.00. Pp. 135. Chicago: American Medical Association, 1947.

In this volume both the condemnatory and the educational phases of the Council's work are represented. There are three reports of vigorous condemnation: first, the report on Cabasil, a curiously unscientific mixture whose exploitation for use in a multitude of diseases is aptly summarized by the subtitle of the report, "Quackery Unlimited;" second, the report on the pseudoscientific Ethlyene Disulphonate (Allergosil brand), a preparation of highly uncertain nature exploited to physicians for use in allergic conditions; third, Formula A-N-1, a joint report of the Council on Pharmacy and Chemistry and the Council on Industrial Health, concerning an expensive but poor substitute for aspirin and citrate of magnesia, cleverly promoted to industrial concerns for use in reducing absenteeism due to colds.

Among the status reports, the excellent article of Dr. Samuel M. Feinberg, "Histamine and Antihistaminic Agents," is probably most worthy of mention. Since its appearance, the Council has accepted for inclusion in New and Nonofficial Remedies the two new agents of this class evaluated in the article, Diphenhydramine Hydrochloride, and Tripelennamine Hydrochloride (Benadryl Hydrochloride and Pyribenzamine Hydrochloride, respectively.)

Of interest both to scientific and pharmaceutic investigators is the informative report on the Council's new Therapeutic Trials Committee. Attention is also directed to the several reports on the adoption of genuine designations for drugs proposed or marketed under protected names.

NEW AND NONOFFICIAL REMEDIES, 1947 containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1947. Cloth. Price, postpaid, $3.00. Pp. 749. Philadelphia: J. B. Lippincott Co., 1947.

In striking contrast to the earlier annual volumes, this latest edition of New and Nonofficial Remedies is larger and bright red in hue. The book is now published by J. B. Lippincott and Company, though it is still issued under the direction and supervision of the Council on Pharmacy and Chemistry of the American Medical Association. Monographs have been revised to reflect current medical opinion, and several new monographs have been added, including those on Gold Compounds and Iodine Compounds appearing in a new chapter, "Unclassified Therapeutic Agents."

Some thirteen new preparations are described in this volume. Noteworthy among them are the pertussis vaccines and vaccines representing combinations of pertussis with diphtheria and tetanus organisms; the new histamine-antagonizing agent, Benadryl Hydrochloride Elixir (Diphenhydramine Hydrochloride Elixir); Furacin (Nitrofurazone) a new topical anti-infective agent; Streptomycin; Heparin Sodium; Parenamine, a new casein hydrolysate; Thiouracil, an antithyroid agent; Naphuride Sodium (Suramin Sodium) a new trypanocide; and Tuamine (Racemic 2-aminoheptane), a new vasoconstrictor. One notes the increasing appearance of generic designations in conformance with the revised Council's rules on acceptance of agents bearing protected or trademarked names.

Several innovations make this edition more convenient and useable for the physician, for whom it is primarily intended. New and Nonofficial Remedies remains a most valuable and authoritative compendium of modern rational therapeutics.

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting October 20, November 17, December 1.

Four Weeks Course in General Surgery starting October 6, November 3.

Two Weeks Surgical Anotomy & Clinical Surgery starting October 20, November 17.

One Week Surgery of Colon & Rectum starting November 3.

Two Weeks Surgical Pathology Every Two Weeks.

MEDICINE—Two Weeks Gastro-Enterology starting October 20.

DERMATOLOGY & SYPHILOLOGY—Two Weeks Course starting October 20.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

MIAMI SURGICAL COMPANY
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street **MIAMI 4, FLORIDA**



In Cholangitis . .

Decholin produces hydrocholeresis, flushing the bile ducts, removing accumulated mucus and inspissated bile.

In Cholecystitis . .

Decholin relieves stasis, discourages ascending infection, promotes drainage.

In Biliary Surgery . .

Decholin fits well into the post-operative routine by materially helping to keep the bile passages free from offending debris.

HOW SUPPLIED: *Decholin* in 3¾ gr. tablets. Boxes of 25, 100, 500 and 1000.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY

Decholin
Reg. U. S. Pat. Off.
(dehydrocholic acid)

AMES COMPANY, Inc.

ELKHART, INDIANA

For less than ¾¢ a day . . .



Your Waiting Patients Can Read

Hygeia
THE HEALTH MAGAZINE

Hygeia does what you would do if you had the time. . . . in easy-to-read terms, gives the authoritative information on better health practices. Why not make HYGEIA available to your patients now?

AMERICAN
MEDICAL
ASSOCIATION
535 N. Dearborn St. Chicago 10

Yes, send me

☐ a free copy of HYGEIA
☐ a year's subscription, $2.50 (Bill later)

Dr. .....
Address .....
City ..... State .....



J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

PATRONIZE JOURNAL ADVERTISERS

THE STOKES SANITARIUM, 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No hyoscine or rapid withdrawal methods used unless patient desires same.

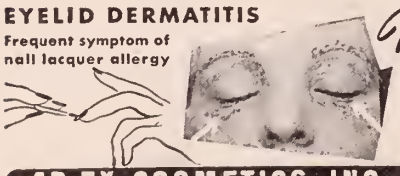
NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

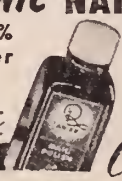
EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New AR-EX HYPO-ALLERGENIC NAIL POLISH

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY
℞ AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

THE TUCKER HOSPITAL, *Incorporated*

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
orida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 1948
orida Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
A-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Panama City, Oct. 27, 1947
B-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	St. Augustine, Nov. 1, 1947
C-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Lakeland, Oct. 29, 1947
D-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	Fort Pierce, Oct. 30, 1947
nerican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	
uthern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	Baltimore, Nov. 24-26, 1947
abama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham
orgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
orida—			
Academy of Medicine	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	St. Augustine, 1948
Basic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, Nov. 1, 1947
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
Health Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
Hospital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Industrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, Nov. 25-26, 1947
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	Jacksonville
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
Public Health Association	Frank V. Chappell, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
Radiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
utheastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Hollywood, Apr. 5-8, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		13	100%	
	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	56	54	A-1-48 Wm. C. Roberts, M.D Panama City
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	5	
	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	16	14	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	43	41	A-2-49 Irby H. Black, M.D. Live Oak
	Madison-Suwannee	Joshua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		10	100%	
	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	177
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Wednesday 7:30 P.M.	32	28	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
	Duval *Clay	F. S. Taffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	221	215	
	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	29	100%	
	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	100%	
	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. R. Cataro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	100%	
	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	13	
	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	20	17	B-4-49 Rabun H. Williams, M.D. Eustis
	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	124	121	
	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	52	49	537
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	134	100%	
	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	16	100%	C-5-49 John M. Butcher, M.D. Sarasota
	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	100%	
	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	148	100%	
	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrill Apts. Sarasota	2nd Tuesday 8:30 P.M.	24	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula	2nd Tuesday 8:00 P.M.	21	100%	
	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Rm. 2-3, Darling Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	16	C-6-48 James R. Boulware, Jr., M.D. Lakeland
	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	75	73	451
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	84	80	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	19	100%	
	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. First National Bank Bldg. Hollywood	4th Tuesday 8:00 P.M.	59	56	D-8-49 Russell B Carson, M.D. Ft. Lauderdale
	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	415	404	
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	9	100%	586

*Supervise and aid until organized separately.

Total 1751



Now . . . a brighter outlook for the child with petit mal

Tridione®

(Trimethadione, Abbott)

No longer must the slow and uncertain processes of nature be depended on to bring relief to *petit mal* patients. Tridione—discovered and developed by Abbott Laboratories—offers the prospect of immediate improvement in the majority of cases. Here's further evidence added to the growing literature: In a recent investigation[1] Tridione was given to 166 patients suffering from *petit mal* (pyknoepilepsy), myoclonic jerks or akinetic seizures. None of the 166 had secured relief from any previous treatment. With Tridione, 31% became free of seizures; 32% had their seizures reduced by more than three-fourths; 20% improved to a lesser extent; 13% were unchanged, and only 4% became worse. *Thus 83% showed definite improvement.* In some cases the seizures *did not return* after Tridione was discontinued. Tridione has also been reported beneficial in certain cases exhibiting psychomotor seizures when combined with other anti-epileptic therapy.[2] Tridione is available through your pharmacy in 0.3-Gm. capsules and in pleasant-tasting aqueous solution containing 0.3 Gm. per fluidrachm. If you wish literature, just drop a line.

ABBOTT LABORATORIES
NORTH CHICAGO, ILLINOIS

1. Lennox, W. G. (1947), Tridione in the Treatment of Epilepsy, J. Amer. Med. Assn., 134:138, May 10. 2. DeJong, R. N. (1946), Further Observations on the Use of Tridione in the Control of Psychomotor Attacks, Am. J. Psychiat., 103:162, Sept.

Abbott







IT DOES HAPPEN HERE

Severe rickets still occurs — even in sunny climates

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

To combat rickets simply, inexpensively, effectively —

OLEUM PERCOMORPHUM

This highly potent source of natural vitamins A and D, if administered regularly from the first weeks of life, will not only prevent such visible stigmata of rickets as pictured above, but also many other less apparent skeletal defects that might interfere with good health. What parent would not gladly pay for this protection! And yet the average prophylactic dose of Oleum Percomorphum costs less than one cent a day. Moreover, since the dosage of this product is measured in drops, it is easy to administer Oleum Percomorphum and babies take it willingly. Thus there is assurance that vitamin D will be administered *regularly*.

OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL

Potency, 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10 cc. and 50 cc. bottles; and as capsules in bottles containing 50 and 250.

MEAD JOHNSON & COMPANY, Evansville 21, Indiana, U. S. A.

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV NOVEMBER, 1947 No. 5

THE N.Y. ACADEMY OF MEDICINE
NOV 11 1947
LIBRARY

IN THIS ISSUE

Wounds of Colon and Rectum
C. Frank Chunn

Newer Services of State Laboratories
Albert V. Hardy

Jacksonville's Yellow Fever Epidemic, 1888
Webster Merritt

The People's Health
An Editorial

(Complete Table of Contents Page 244)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

SYMBOLS OF SIGNIFICANCE

MAPHARSEN



The dark field spotlights the slender, nimble undulating form of Treponema pallidum to establish a diagnosis of syphilis. The prognosis may be dark if the patient fails to receive adequate therapy.

MAPHARSEN is a dependable arsenical, with years of clinical experience and millions of administered doses testifying to its effectiveness.

MAPHARSEN is one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics—

MEDICAMENTA VERA.

MAPHARSEN (Oxophenarsine Hydrochloride) in single dose ampoules of 0.04 gm. and 0.06 gm.; boxes of 10 ampoules. Multiple dose, hospital size ampoules of 0.6 gm., in boxes of 10.



PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida

Price $5.00 a year. Single numbers, 50 cents

This Journal is not responsible for the opinions and statements of its contributors.

Address Journal of the Florida Medical Association,
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS

	PAGE
Wounds of the Colon and Rectum, C. Frank Chunn, M.D., Tampa	269
Newer Services of the State Laboratories, Albert V. Hardy, M.D., Jacksonville	276
A History of Medicine in Duval County, Part XII, Webster Merritt, M.D., Jacksonville	280
Mental Repercussion in Physical Disease, A. S. Anderson, M.D., St. Petersburg	289
Abstracts of Medical Articles	291
Officers and Committees of F.M.A.	292
Editorials: The People's Health; Cancer Education; Cancer Seminar; Research Fellowships; Visual Aids in Medical Education	293
Board of Governors' Meeting	296
Public Relations	297
Southern Medical Association Meeting	297
State News Items	298
Births and Deaths	300
National Study of Congenital Malformations and Maternal Infection	300
Medical Officers Returned	301
Component County Societies	301
Schedule of Meetings	305
List of County Medical Societies, Presidents and Secretaries	306



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.

The Brown Schools
INC.
FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas



"Beginner's luck" isn't always good

The good luck so often attributed to beginners can't be counted on in infancy. Here the "beginners" often meet insurmountable obstacles which have raised the proportion of infant deaths within the first 30 days to 62.1% of the total infant mortality.* During this hazardous first month proper selection of the first formula is therefore of vital importance.

'Dexin' has proved an excellent "first carbohydrate" because of its high dextrin content. It (1) resists fermentation by the usual intestinal organisms; (2) tends to hold gas formation, distention and diarrhea to a minimum, and (3) promotes the formation of soft, flocculent, easily digested curds. 'Dexin' *does* make a difference.

*Vital Statistics—Special Reports: Vol. 25, No. 12, National Office of Vital Statistics, Washington, D. C. (Oct. 15) 1946, p. 206.

'Dexin' HIGH DEXTRIN CARBOHYDRATE
BRAND

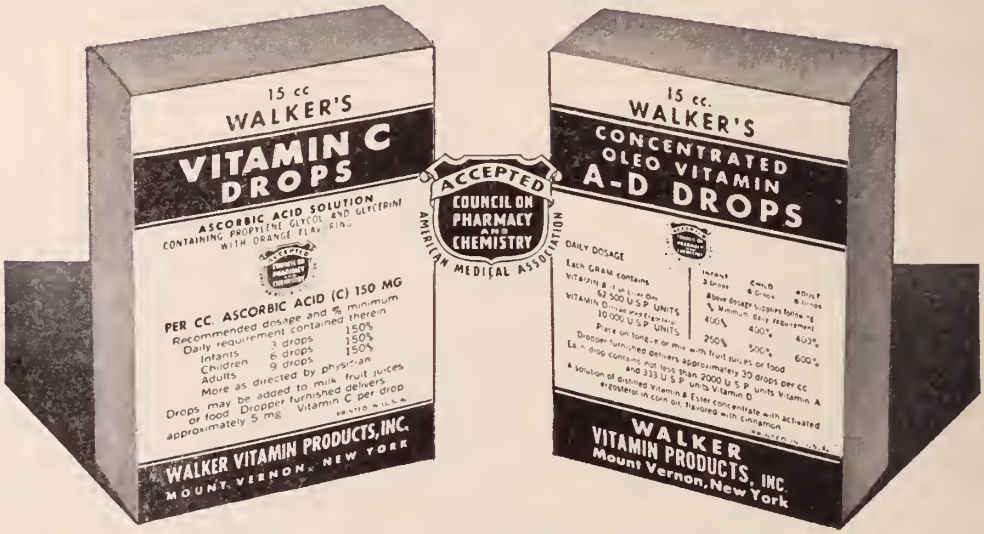
Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association.
'Dexin' Reg. Trademark

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 East 41st St., New York 17, N. Y.

WALKER

COUNCIL-ACCEPTED VITAMIN DROPS



Potent, convenient, flexible dosage form
Designated for use in pediatrics and geriatrics

VITAMIN C DROPS

Each drop supplies 5 mg. of vitamin C

Supplied in dropper bottles of 15 cc.

CONCENTRATED OLEO VITAMIN A-D DROPS

Each drop supplies 2,000 units vitamin A, 333 units vitamin D

Supplied in dropper bottles of 15 cc. and 60 cc.

Walker VITAMIN PRODUCTS, INC., MOUNT VERNON, N. Y.

radiographic vs. surgical

Exploration

When confusing abdominal symptoms and signs create a diagnostic tangle or do not yield properly to medical management, *radiographic exploration* of the gallbladder with PRIODAX will often reduce the need for *surgical exploration*. PRIODAX cholecystography almost never fails to reveal disease of the gallbladder if it exists, or to produce unequivocally clear silhouettes if the organ is normal.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

PRIODAX

(brand of iodoalphionic acid)

PRIODAX is rarely eliminated prematurely from the gastrointestinal tract. The opacities produced by it are homogeneous, sharp and unstratified. Moreover, clear visualization will not be obscured by contrast substance in the colon when PRIODAX is used. PRIODAX, therefore, provides maximum dependable concentration of the most desirable type for reliable interpretation.

PRIODAX Tablets, beta-(4-hydroxy-3,5-diiodophenyl)-alpha-phenyl-propionic acid, available as six 0.5 Gm. tablets in individual cellophane envelopes. Boxes of 1, 5, 25 and 100 envelopes.

Trade-Mark PRIODAX—Reg. U. S. Pat. Off.

SCHERING

100 YEARS

M A A

Schering CORPORATION · BLOOMFIELD, N. J.

In Canada, Schering Corporation Limited, Montreal

Radium
RENTAL SERVICE

RADIUM IMMEDIATELY AVAILABLE TO PHYSICIANS AND HOSPITALS ON A CONVENIENT DAILY-RENTAL PLAN

Radium has long been recognized in the treatment of cancer and allied conditions, but many hospitals and physicians have been denied its convenient use because of the unavailability of the radium. Many of the large centers in the United States have ample supplies of radium, but, on the other hand, and because of unequal distribution, hundreds of physicians have been compelled to send patients to distant points for treatment or to fall back upon other methods.

Our company can now supply radium to physicians and hospitals not having ready access to it. Under this service, radium can be made immediately available and delivery can be made, both in Tampa and Jacksonville, by our own trucks and in other cities by Railway Express. The rental charge is computed from the time the express man delivers the package to you, until it is picked up by him.

We have available two types of cervical-uterine applicators, vaginal colpostats, nasopharyngeal applicators, and radium plaques. The following rental charges apply:

	24 HOURS (OR LESS)	48 HOURS	72 HOURS
10 Milligrams	$10.00	$12.50	$15.00
50 Milligrams	20.00	27.00	32.50
70 Milligrams	24.00	32.00	37.50
100 Milligrams	30.00	40.00	45.00



Surgical Supply Company

Established 1916

T. EMMETT ANDERSON, Pres. & Gen. Mgr. FRANK E. COOPER JR., V Pres.

WHOLESALE DISTRIBUTORS OF HOSPITAL, LABORATORY, INSTITUTIONAL & PHYSICIANS EQUIPMENT & SUPPLIES. DRUG SPECIALTIES, CHEMICALS

FLORIDA AGENT MATTERN X-RAYS

JACKSONVILLE *TAMPA* *ST. PETERSBURG*

OF vital aid during and after pregnancy . . . for every quart contains 400 added U. S. P. Units of Vitamin D to assist in the assimilation of calcium.



Southern Dairies

Sealtest

VITAMIN 'D'

HOMOGENIZED MILK

THE MEASURE OF QUALITY

Tune in the Sealtest Village Store, Thursday Evenings, NBC



Outstanding clinical endocrinologists, both here and abroad, have commented on the brighter mental outlook displayed by women receiving "Premarin." Not only does "Premarin" impart a feeling of "well-being" but it offers many other advantages as well.

It is orally active.
It is well tolerated.
It is promptly effective in controlling the menopausal syndrome.

"Premarin" is supplied in three potencies—tablets of 2.5 mg , 1.25 mg. and 0.625 mg. It is also available in liquid form containing 0.625 mg. in each 4 cc. (1 teaspoonful).

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present in varying small amounts, probably as water-soluble sulfates. The water solubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

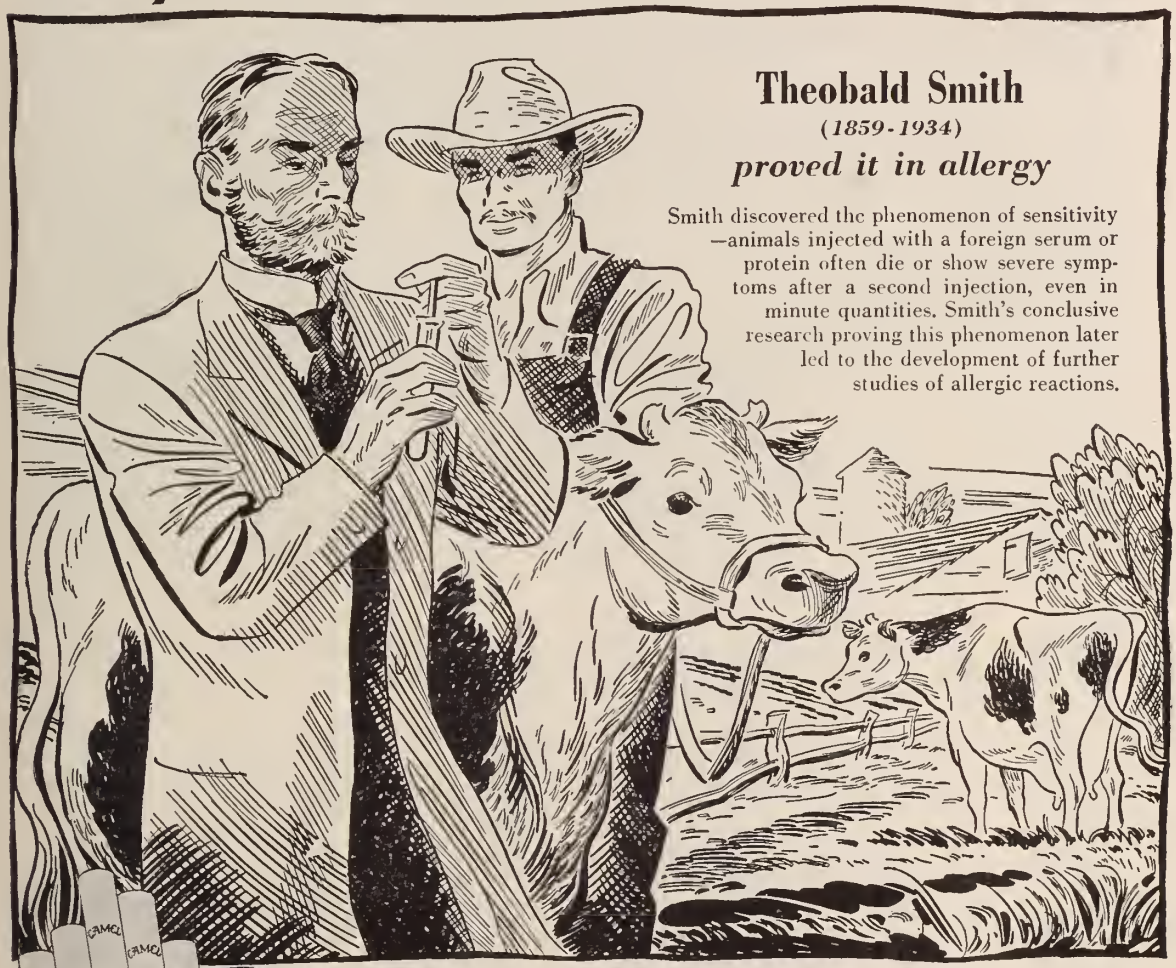
CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40th STREET • NEW YORK 16, N. Y.

Experience is the Best Teacher



Theobald Smith
(1859-1934)
proved it in allergy

Smith discovered the phenomenon of sensitivity —animals injected with a foreign serum or protein often die or show severe symptoms after a second injection, even in minute quantities. Smith's conclusive research proving this phenomenon later led to the development of further studies of allergic reactions.



Yes, and experience is the best teacher in smoking too!

EXPERIENCE during the wartime cigarette shortage taught smokers the differences in cigarette quality. In those days, people smoked —and compared—many different brands. That's the experience from which so many smokers learned that Camels suit them best. **As a result, more people are smoking Camels than ever before.**

Try Camels! Let *your* taste and throat tell you why, with millions who have tried and compared, Camels are the *choice of experience!*



According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, North Carolina

Optimum Protection



Ramses
PRESCRIPTION PACKET
NO. 501

1. Extensive clinical experience has established that the combined use of an occlusive diaphragm and a spermatocidal jelly affords the optimum in protection to the patient.

2. A comprehensive report shows an overwhelming preference for the diaphragm-jelly technique of conception control. In a survey comprising 36,955 cases, clinicians prescribed this method for 34,314 or 93 per cent.[1]

3. Warner,[2] in a study of 500 cases in private practice, concludes that the combined technique is the most efficient method; there was no case of unexplained failure.

4. For the optimum of protection and simplicity in use we suggest the "RAMSES" Prescription Packet NO. 501 . . . a complete unit, containing a "RAMSES" Patented Flexible Cushioned Diaphragm of prescribed size, a "RAMSES" Diaphragm Introducer of corresponding size, and a large tube of "RAMSES" Vaginal Jelly.† Available through all prescription pharmacies. Complete literature to physicians on request.

[1]Human Fertility 10: 25 (Mar.) 1945.

[2]Warner, M. P.: J.A.M.A. 115: 279 (July 27) 1940.

gynecological division

JULIUS SCHMID, INC. 423 W. 55th ST. • NEW YORK 19, N. Y.

quality first since 1883

The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

†Active ingredients: Dodecaethyleneglycol monolaurate 5%; Boric Acid 1%; Alcohol 5%.

TRADE MARK OF Ramses DEPENDABILITY

recent definitive findings on

Benzedrine Sulfate

in the treatment of overweight

A conclusive study* on the action of amphetamine in weight reduction brings out four significant points:

1. With Benzedrine Sulfate "the obese subjects lost weight when placed on a diet which allowed them to eat all they wanted three times a day . . ." Later, these same overweight subjects continued to lose weight when allowed to eat—if they so desired—before retiring.

2. ". . . amphetamine definitely decreased the intake of food. . ."

3. ". . . amphetamine-induced loss of weight is almost entirely due to anorexia."

4. "No evidence of toxicity of the drug as employed in these studies was found."

*Harris, S.C.; Ivy, A.C., and Searle, L.M.: The Mechanism of Amphetamine-Induced Loss of Weight: *A Consideration of the Theory of Hunger and Appetite*, J.A.M.A. *134*:1468 (Aug. 23) 1947.

Benzedrine Sulfate

(*racemic amphetamine sulfate, S.K.F.*)

tablets capsules elixir

Accepted by the Council on Pharmacy and Chemistry of the AMA for use in treatment of overweight.

Smith, Kline & French Laboratories, Philadelphia

ETHICS



There can be no middle course between the ethics of the medical profession and the temptations of the market place in the field of anatomical supports. Here the standards of the businessman must be elevated to the standards of the doctor because the customer of the businessman is the patient of the doctor. Anything else is "merchandising quackery." We at Camp have for many decades controlled our distribution throughout the recognized retail institutions which like the doctor have earned the respect and confidence of their home communities. No appeal is used in our advertising approach to the consumer which fails to meet the precepts of the profession. We serve the physician and surgeon by living up to our chosen function of supplying scientific supports of the finest quality in full variety at prices based on intrinsic value. We try to insure the precise filling of prescriptions through the regular education and training of fitters. In cooperation with medical and educational public health authorities we play the role our resources permit in promoting better posture and body mechanics. That is our idea of the practical ethical standards which permit the businessman to solicit the recommendation of the doctor.

Camp Anatomical Supports have met the exacting test of the profession for four decades. Prescribed and recommended in many types for prenatal, postnatal, postoperative, pendulous abdomen, visceroptosis, nephroptosis, hernia, orthopedic and other conditions. If you do not have a copy of the Camp "Reference Book for Physicians and Surgeons", it will be sent upon request.

CAMP TRADE MARK **ANATOMICAL SUPPORTS**

S. H. CAMP & COMPANY • Jackson, Michigan • *World's Largest Manufacturers of Scientific Supports*
Offices in CHICAGO • NEW YORK • WINDSOR, ONTARIO • LONDON, ENGLAND

Facts regarding *fluidity* of PENICILLIN in oil and wax

When penicillin in oil and wax is to be used once daily, the most important consideration is the maintenance of therapeutic blood levels for 24 hours.

For easy administration and adequately sustained blood levels, the formula must be neither too viscous nor too fluid . . . the penicillin crystals of correct size, shape and density . . . the container appropriate to the use intended. The following should also be recognized:

1 For administration from multiple-dose vials, the mixture should be sufficiently fluid to permit easy withdrawal, accurate measurement and easy injection.

2 In all fluid preparations, however, the penicillin has a tendency to settle out. Unless the container has adequate air space and volume to permit resuspension of the settled penicillin by shaking, 24 hour blood levels may not be maintained. Either overdosage or underdosage may result.

3 When injected from individual-dose cartridges, the penicillin in oil and wax suspension should be of slightly thicker consistency. If it is not, and the penicillin settles out, it cannot be resuspended by shaking, because (a) the volume is too small, and (b) the cartridge has no air space.

4 The slightly heavier type of suspension can be easily injected in accurate dosage with a minimum of discomfort to the patient. It is essentially free-flowing at room temperature, and each cartridge contains a full 1 cc. (300,000 unit) dose, which eliminates the need of measuring.

In keeping with Squibb policy of making the form of the product appropriate to the use, two forms of Squibb Penicillin G in Oil and Wax are available. Each offers the advantages of proper formula and consistency.

For easy, individual injections in home, office and emergency:

SQUIBB PENICILLIN G IN OIL AND WAX

Essentially free-flowing at room temperature: in Double-cell Cartridges for use with B-D* disposable or permanent syringe.

*T. M. REG. BECTON, DICKINSON & CO.

For easy, mass injections in clinic, hospital, or office, the new 10 cc. vial of

SQUIBB LIQUID PENICILLIN G IN OIL AND WAX

Resuspension readily attained; easy to inject; no withdrawal difficulties.

No. 208 in the "See Your Doctor" series

. . . published in behalf of the medical profession

To an audience of over 23 million people, in LIFE and other national magazines, Parke-Davis presents the message shown below.

A reproduction in full color will be sent on request. Write to Parke, Davis & Company, Detroit 32, Michigan.



Some things you should know about **your family doctor**

No. 208 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.

IF YOUR family doctor were asked to value his own services, he would probably pass over the number of lives he saves in times of crisis.

He would be likely to think first of the day-to-day help he gives to the hundreds of people who look to him as a medical advisor and friend.

For your family doctor—and every family doctor—is primarily concerned with *people*. He knows each of his patients as an individual human being, whose physical make-up and reactions, whose personal problems are never quite like anyone else's.

Following you through the years, he gains a unique understanding of you as a person.

He knows whether you have, normally, a fast pulse or a slow one, whether you run a high temperature on slight provocation, or only in serious illness.

He knows what strains your job places on you, what your past problems have been, what to look out for as a danger signal in the future.

This knowledge, which deepens every time he sees you, serves him well when you are ill. For he can judge the importance of your symptoms against the background of your individual history.

With this knowledge he can also help you *avoid* many kinds of illness. By detecting and taking care of minor ailments early, he can often keep them from becoming serious.

By his years of training and experience, and his continuing study of advances in medical science, your family doctor is qualified to deal with the many and varied medical problems that arise in his daily practice.

Give him your complete confidence at all times and follow his recommendations.

Should he suggest a consultation with a fellow physician, or advise you to go to the hospital, you can be sure that such advice is based on his broad general knowledge of medicine plus his familiarity with your particular case.

SEE YOUR DOCTOR. Make him a part of your family's life. His continuing supervision is your best guarantee that your children will grow up well and strong, and that you will live a long and healthy life.

And through the years, turn to him whenever you are troubled by a problem concerning your health. His wisdom and friendly understanding make him the best counselor anyone could hope to find.

Makers of medicines prescribed by physicians

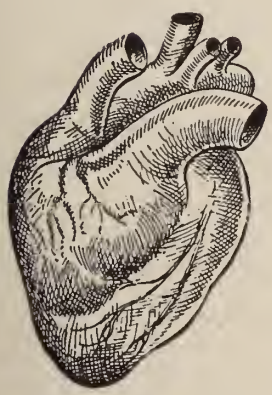
PARKE, DAVIS & CO.

Research and Manufacturing Laboratories, Detroit 32, Mich.

COPYRIGHT 1950—PARKE, DAVIS & COMPANY



For oral use 0.2 mg. tablets—vials of 30, bottles of 100 and 500; 0.1 mg. tablets—bottles of 100 and 500 • For intravenous injection: 1 cc. ampuls, 0.2 mg.



Purodigin has these advantages:

PRECISE DOSAGE: Purodigin (Digitoxin Wyeth) is absolutely uniform . . . standardized by weight, prescribed by weight.

LACK OF IRRITATION: Purodigin is concentrated—dosage is only *one thousandth* that of digitalis leaf. Nausea is rare.

ABSORPTION of Purodigin is virtually complete. Almost no irritating residue is left in the digestive tract.

SUSTAINED ACTION: Purodigin remains in the body as long as digitalis.

Try Purodigin—especially for those patients who do not easily tolerate digitalis leaf. Without interrupting treatment, simply prescribe 0.1-0.2 *milligram* Purodigin in place of 0.1-0.2 *gram* digitalis.

PURODIGIN®

CRYSTALLINE DIGITOXIN

Wyeth®

WYETH INCORPORATED • PHILADELPHIA 3, PA.

LACTOGEN + WATER = FORMULA

1 LEVEL TABLESPOON — 2 OUNCES — 2 FLUID OUNCES

40 CALORIES (APPROX.) — 20 CALORIES PER OZ. (APPROX.)



Successful in Infant Nutrition



DEXTROGEN + WATER = FORMULA

1 FLUID OUNCE — 1½ OUNCES — 2½ FLUID OUNCES

50 CALORIES — 20 CALORIES PER OUNCE

No advertising or feeding directions, except to physicians. For feeding directions and prescription pads, send your professional blank to

Nestlé's Milk Products, Inc.

155 EAST 44TH ST., NEW YORK, 17, N. Y.



PRIVINE

(brand of naphazoline) Trade Mark Reg. U.S. Pat. Off.

PROMPT, LONG-LASTING VASOCONSTRICTION

Privine hydrochloride promptly shrinks congested nasal mucous membranes, inducing vasoconstriction which lasts for several hours. Only three drops in each nostril t.i.d. are usually sufficient. Other important qualities which have gained for Privine its prominent position in the field of nasal therapy are: pH of 6.2 to 6.3; aqueous, isotonic solution; non-injurious to nasal mucous membrane; minimal side reactions. Furnished as solution in dilutions of 0.05 and 0.1 per cent, and as jelly in 0.05 per cent concentration.

Accepted for inclusion in 

New and Non-Official Remedies

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

2/1217

PYRIBENZAMINE

(brand of tripelennamine) Trade Mark Reg. U. S. Pot. Off.

NOW READILY AVAILABLE

Whenever antihistaminics



are indicated

Atopic dermatitis—flexural eczema. Pyribenzamine relieves itching in acute and chronic eczema in a substantial number of cases.

In its comparatively low frequency of side reactions, permitting large doses where needed, Pyribenzamine hydrochloride offers important therapeutic advantages whenever antihistaminic medication is indicated. This new product of Ciba research is characterized by its capacity to counteract many of the effects of histamine. It prevents and controls certain allergic manifestations believed to be caused wholly or in part by release of histamine. Its action is palliative, not curative.

In the suggested list of indications below, Pyribenzamine has been used advantageously by many clinical investigators.

Chronic Urticaria • Acute Urticaria • Dermographism • Angioneurotic Edema
Hay Fever • Vasomotor Rhinitis • Atopic Dermatitis • Serum Reactions • Asthma
Urticarial Food and Drug Reactions

TABLETS: 50 mg., scored for divided dosage. Bottles of 50 and 500.
ELIXIR: 20 mg. per 4 cc. (teaspoonful). Sweetened and flavored. Pints.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

The EDGEWOOD . . .



A Distinctive Southern Sanitarium Fully Equipped for Complete Diagnosis and Treatment of Nervous and Mental Disorders . . . in An Atmosphere of Congenial Friendliness and Quiet Charm.

The Edgewood offers all approved therapeutic aids; complete bath departments; supervised individual physical rehabilitation programs. Living accommodations are private and comfortable. Recreational facilities excellent. Full time psychiatrists and adequate nurses and psychiatric aides assure individual care and treatment. More detailed information on request.

Psychiatrist-In-Charge — Orin R. Yost, M.D.

AIKEN *The* EDGEWOOD SOUTH CAROLINA



Announcing

A NEW IMPROVED FORM OF STREPTOMYCIN

The development of Streptomycin Calcium Chloride Complex Merck constitutes an important advance in Streptomycin therapy. This improved form of Streptomycin provides these noteworthy advantages:

- INCREASED PURITY
- MINIMUM PAIN ON INJECTION
- UNIFORM POTENCY

STREPTOMYCIN
CALCIUM CHLORIDE COMPLEX
MERCK

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

In Canada: MERCK & CO., Ltd. Montreal, Que.

LITERATURE AVAILABLE ON REQUEST

MERCK MERCK

MEAT
And Protein Deficiency

While protein deficiencies per se are difficult to recognize in their incipiency, conditions which lead to negative nitrogen balance are well known. The presence of any of the following states which characteristically exert an adverse influence on nitrogen balance, calls for immediate measures to prevent serious protein depletion:

1. Diseases of the digestive organs, which impair proper digestion and absorption.
2. Wasting diseases, infections and thyrotoxicosis, which increase protein breakdown and need far above normal levels.
3. Hemorrhage, burns, and chronic exudative processes, causing excessive loss of protein.

A high protein diet, whenever possible, is considered to be the most effective method of protein administration in the prevention and correction of protein deficiencies.

Meat, which readily is eaten two or more times daily, is an excellent component of the high protein diet. Meat is an outstanding source of protein for the following reasons. The protein of meat is biologically complete, capable of satisfying the body's protein needs. The percentage of protein contained in meat makes it one of man's most important protein foods. And, all meat is highly digestible—96 to 98 per cent—an important consideration especially in the presence of disease.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

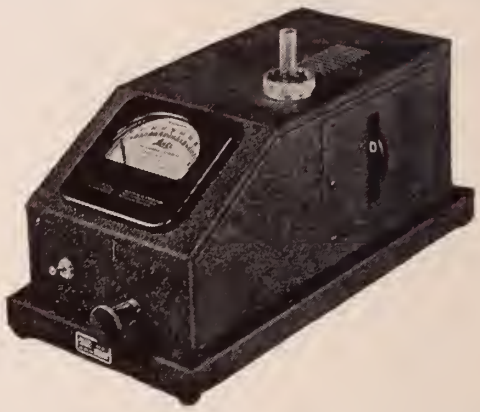


AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

THE Leitz PRE-CALIBRATED CLINICAL PHOTO-ELECTRIC COLORIMETER

This instrument permits physicians and clinical laboratories to make routine tests quickly and accurately and eliminates the need of standards and calculations. Routine clinical tests are reduced to the simplicity of noting a reading and referring to a prepared calibration table which indicates the concentration of the unknown.



Only Three Simple Steps Are Necessary To Make A Test

1. An Absorption cell containing distilled water is placed in the colorimeter and the needle is set to 100.
2. The cell with distilled water is replaced with another containing the unknown and the reading is noted.
3. Reference is made to a table in the Handbook which indicates the concentration of the solution for the particular reading.

THE LEITZ CLINICAL PHOTO-ELECTRIC COLORIMETER IS PRE-CALIBRATED FOR THESE TESTS:

Acid Phosphatase
Albumin in Urine
Bilirubin
Blood Thiocyanates
Bromsulphalein Liver Function
Calcium in Serum
Cholesterol in Serum
Cholesterol Esters
Creatinine in Blood
Glucose in Blood
Glucose-Micro Method
Hemoglobin
Icterus Index
Non-Protein Nitrogen
Phenosulfonephthalein Kidney Function Test
Plasma CO_2 Capacity
Serum Albumin
Serum Bromides
Serum Chloride
Serum Globulin
Serum Inorganic Phosphate
Serum Phosphatase
Serum Protein
Spinal Fluid Protein
Spinal Fluid Sugar
Sugar in Urine
Sulfadiazine
Sulfaguanidine
Sulfanilamide
Sulfapyridine
Sulfasuxidine
Sulfathiazole
Urea Nitrogen in Blood
Urea Nitrogen in Urine
Uric Acid in Blood
Urine Chloride

LCAEL—21 Leitz Clinical Photo-Electric Colorimeter, in black finish, calibrated for 21 tests, including 20 specially selected round precision test tubes, pipette, extra bulb, and Handbook with complete instructions and prepared calibration tables $182.80

LCAEL—36 Same as above, except with 36 calibrations..... $257.80

Byron Thompson & Company, Inc.

HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

ESSENTIALS FOR SCIENTIFIC PROGRESS

MIAMI • JACKSONVILLE • ORLANDO

LARGEST DISTRIBUTORS OF MEDICAL & SURGICAL SUPPLIES & EQUIPMENT IN THE SOUTH

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

MIAMI SURGICAL COMPANY
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street **MIAMI 4, FLORIDA**

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefits

$3,000,000.00 **INVESTED ASSETS**

$14,000,000.00 **PAID FOR CLAIMS**

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA



From where I sit *by* Joe Marsh

Can't Break His Good Habits!

Bert Childers was saying, it's funny how so many of our wartime habits stick with us.

Bert likes plenty of butter on his bread, but even now he can't get over spreading it like it was scarce as hen's teeth. And as a warworker, Bert used to stick to a temperate glass of beer on time off; and he still holds fast to beer and moderation.

Same way with Bert's wife. She not only has no trouble saving used fats, and waste paper. She's learned from wartime necessity to save each and every single thing that might possibly be used again.

From where I sit, it's mighty good that so many of these common-sense habits like thrift and moderation have stayed with us. Because they *belong* in America—along with tolerance, and mutual respect for one another's rights. They're habits that have helped to make this country as strong and neighborly and free as it is today.

Joe Marsh

Copyright, 1947, United States Brewers Foundation

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

from the third week of life to adolescence...



The simplicity and convenience of using milk diffusible Drisdol in Propylene Glycol facilitate patient cooperation from early infancy to adolescence.

An average daily dose of 2 drops in milk for infants and from 4 to 6 drops for children provides effective low-cost vitamin D protection throughout the critical years of growth and development.

Available in bottles of 5, 10 and 50 cc. with special dropper delivering 250 U.S.P. units per drop.

DRISDOL IN PROPYLENE GLYCOL

MILK DIFFUSIBLE VITAMIN D PREPARATION

ODORLESS · TASTELESS · ECONOMICAL

DRISDOL, trademark reg. U. S. Pat. Off. & Canada, brand of crystolline vitamin D_2 (calciferol) from ergosterol

WINTHROP

Winthrop CHEMICAL COMPANY, INC.

NEW YORK 13, N. Y. · WINDSOR, ONT.

Exacting head linesman . . . . . dietary dub!



He sees that first-downs are measured accurately, but he lets his diet be measured by the whims of his appetite. Sooner or later he faces the penalty of subclinical vitamin deficiency—along with a host of other self-made victims: *food-faddists*, excessive smokers, alcoholics, those on self-imposed and ill-advised reducing diets, patients "too busy" to eat properly, to name only a few. When such patients come to you, dietary reform is your first thought. Your second may well be a suitable vitamin supplement. For these cases, consider the advantages of specifying Abbott Vitamin Products: known quality . . . assured potency . . . wide variety to fit every vitamin need—in supplemental or therapeutic levels of dosage, in oral or parenteral forms, in single or multiple vitamin preparations. Abbott Vitamin Products are readily available at all prescription pharmacies.

ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS

. . . . . SPECIFY **Abbott Vitamin Products**



Better Living by Design

Borden's Nutritional Prescription Specialties

Better living . . . better development and well-being . . . require better nutrition. Borden's Prescription Products arm the physician with the solution to practically all infant and many adult feeding problems . . . effectively and dependably!

BIOLAC

A complete infant food—when ascorbic acid only is added—for optimum nutrition. Resembles human milk in nutritional values and ease of digestibility.

MULL-SOY

A hypoallergenic emulsified liquid soy food for patients allergic to milk, with nutritional factors approximating those in cow's milk. Dilute 1:1 with water.

DRYCO

Ideal for formula flexibility in infant feeding, with high protein, low fat and intermediate carbohydrate content. May be used with or without added carbohydrates—quickly soluble in cold or warm water.

BETA-LACTOSE

The natural carbohydrate of milk—five times more soluble than alpha lactose, and much more palatable! Excellent for formula modification for infants, and for corrective nutritional therapy in adults.

GERILAC

Powdered modified milk for special dietary uses—for well-rounded nutrition in convalescence and old age. Palatable and readily digestible—only water needed for dilution.

KLIM

Spray-dried whole milk with soft curd characteristics. Valuable in infant formulae, peptic ulcer and other special diets; and an ideal replacement for inadequate or unsafe fresh milk.

The nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the A. M. A.

All drug stores carry Borden Prescription Specialties. Further data sent to physicians on request.

Borden's Prescription Products Division
350 Madison Avenue · New York 17, N. Y.



AO PROJECT-O-CHART

means finger tip control in Visual Acuity Testing

accuracy

speed

convenience

economy

Why AO's Project-O-Chart is a "must" in modern professional refraction:

Smooth, easy operation . . . at the flick of a finger.

Fulfills specific test requirements . . . without practitioner moving from patient's side.

Calls for minimum of test explanation . . . thus saving valuable time.

Wide variety of test charts available . . . easily and quickly interchanged as desired.

All controls operable from either side of instrument.

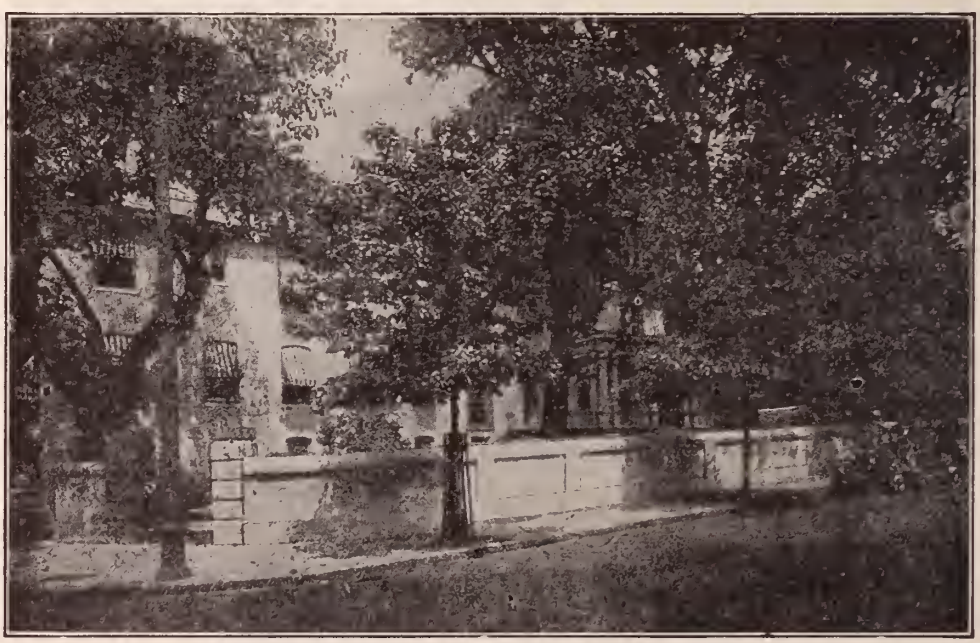
Balanced optical system results in brilliant, even illumination, fine definition and maximum contrast.

Ask your AO Field Representative for complete details or contact your nearest AO Branch Laboratory today.

American Optical COMPANY

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.



Dependable, TIME-TRIED



CHARACTERIZED by high therapeutic index, moderate duration of action, and a relatively wide margin of safety, 'Sodium Amytal' (Sodium Iso-amyl Ethyl Barbiturate, Lilly) is an excellent, time-tried barbituric acid product. It is of definite value in all fields of medicine, including surgery and obstetrics. 'Sodium Amytal' is supplied in a large variety of dosage forms and is available on prescription at leading drug stores everywhere.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



Illustration by Harold Anderson

Clean Food Merchant

THE FIFTIETH ANNIVERSARY of certified milk passed unnoticed a few years ago. Although certification has been largely replaced by pasteurization, it was nevertheless an important beginning in the milk purification program. History reveals that during this period, outbreaks of human disease resulting from either certified or pasteurized milk have been extremely rare. To the medical profession goes much of the credit for the development and supervision of milk sanitation through local medical milk commissions.

Fifty-three years ago the Lilly Policy was established. It provides that only products of the highest quality and unvarying potency be produced; that the company shall contribute to the progress of medicine by developing new and superior agents through research; and that information about the uses of the products of Eli Lilly and Company be issued through professional channels exclusively. Since the adoption of the Lilly Policy, the company has been managed strictly in accordance with its provisions.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIV | Jacksonville, Florida, November, 1947 | No. 5

WOUNDS OF THE COLON AND RECTUM

C. FRANK CHUNN, M.D.
TAMPA

In the series of cases of battle wounds of the colon and rectum reported here the patients were seen and operated on in the North African-European theater of operations with the United States Army during World War II. The surgery was done by a relatively small group of surgeons, the Second Auxiliary Surgical Group, who performed the greatest part of first priority surgery for two armies during nine campaigns and four amphibious invasions over a period of thirty months of active battle surgery.

The total number of patients with intraabdominal wounds operated on by surgeons of this group from 1943 through May 1945 was 3,532. Of this number 1,358 were patients with wounds of the colon and rectum or both, or 38.4 per cent of all patients with wounds of the abdomen. Of these 1,358 patients having wounds of the colon or rectum and undergoing laparotomy, 867 lived and 491 died; the mortality rate was 36.17 per cent.

TABLE 1.—INCIDENCE OF COLON AND RECTUM CASES

Total abdominal cases	3,532
Total colon and rectum cases	1,358
Percentage of colon and rectum cases	38.4

TABLE 2.—MORTALITY RATE

Total colon and rectum cases	1,358
Deaths	491
Mortality	36.17%

During the year 1943 (from April through December 31) 136 laparotomies were done on that number of patients for wounds of the colon and rectum. Seventy-eight of these patients lived, and 58 died. The mortality rate was 42.6 per cent. This series of 136 cases during 1943 was previously reported by this group and is not included in this report of cases of wounds of the colon and rectum for the years 1944 and 1945. See table 3.

TABLE 3.—COLON AND RECTUM CASES

Year	Patients	Deaths	Mortality
1943	136	58	42.6 %
1944	917	334	36.42%
1945	305	99	32.45%
Total	1,358	491	36.17%

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

From Jan. 1, 1944 through May 8, 1945 there were 1,222 cases in which patients with wounds of the colon or rectum or both underwent laparotomy. This series has not been previously reported, and the following report of statistics refers only to this group unless otherwise stated.

For the survey of the case records of patients it was decided that the entire large bowel, including the rectum, be divided into five portions and listed anatomically as follows: (1) ascending colon, (2) transverse colon, (3) descending colon, (4) sigmoid colon, and (5) rectum, extraperitoneal. There are further classifications of combinations of these various portions, such as ascending and transverse colon.

TIME LAG—WOUNDING TO OPERATION (1,222 COLON AND RECTUM CASES)

The average time elapsed between time of wounding and onset of operation in all cases was ten and nine-tenths hours. The time interval was essentially the same for fatal and nonfatal cases. Of special interest is the fact that in 27 per cent of these cases operation was begun within six hours of injury and in 75 per cent within twelve hours. The average resuscitation time was approximately three hours, and the average period elapsing between the time of wounding and of admission was eight hours.

COMPLICATING ABDOMINAL INJURIES (1,222 COLON AND RECTUM CASES)

Injuries of the colon and rectum were complicated by injury to one or more additional abdominal organs in three out of every four cases (73 per cent). Complicating injuries increased the mortality rate appreciably, and the increase was in direct proportion to the number of other organs injured. There was little difference in the increased rate between complicating injuries of hollow and solid organs, but when both hollow and solid organs were additionally injured, the rate increased markedly. Injuries of the extraperitoneal rectum alone offered the best chance of survival. In these, the rate was 14 per cent compared to 23 per cent in uncomplicated injuries of the colon.

MULTIPLICITY OF ABDOMINAL ORGAN INVOLVEMENT
(1,156 COLON AND RECTUM CASES)

In the study of abdominal wounds it became apparent that there was an increase in the mortality rate which was more or less proportionate to the number of organs injured within the abdomen. In order to determine whether this observation held good when the large bowel was injured, 1,155 cases of wounds of the colon and rectum were studied. Here too, there was a definite and almost arithmetical increase in the mortality rate from 19.5 per cent in uncomplicated cases involving the colon and rectum* to 100 per cent when the colon and five other organs were injured. Thus, the prognosis in these cases depends to a great extent upon the number of additional organs injured rather than upon which organ or organs. Uncomplicated injuries of the colon, however, carry with them a higher death rate than that for any other single abdominal organ in this series with the exception of the stomach. It seems that the number of organs involved is of greater importance upon the prognosis than the time lag between injury and operation. See table 4 and figure 1.

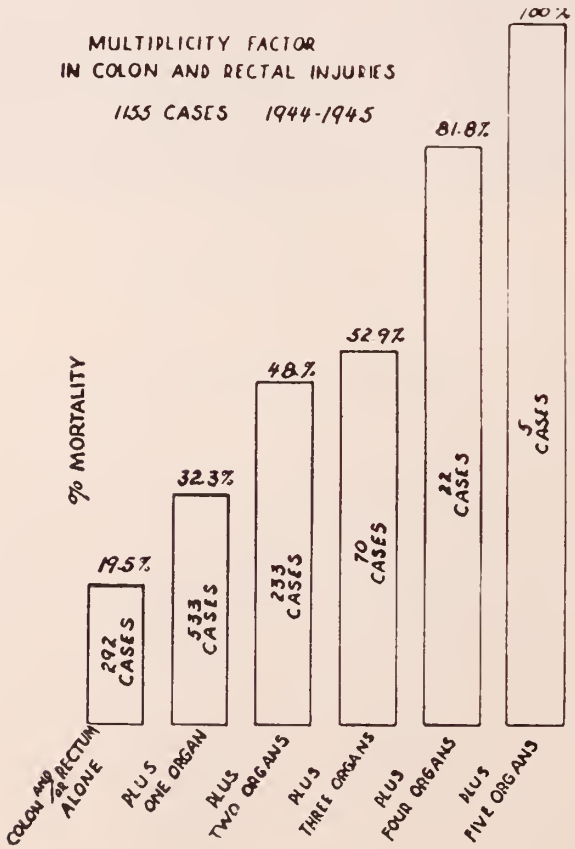


Figure 1

TABLE 4.—EFFECTS OF COMPLICATING ORGAN INVOLVEMENT
(1,155 COLON AND RECTUM CASES)

	Patients	Deaths	Mortality
Colon or rectum* alone	292	57	19.5%
Colon or rectum plus 1 organ	533	172	32.3%
Colon or rectum plus 2 organs	233	112	48.0%
Colon or rectum plus 3 organs	70	37	52.9%
Colon or rectum plus 4 organs	22	18	81.8%
Colon or rectum plus 5 organs	5	5	100.0%

RELATED THORACOABDOMINAL INJURIES
(1,358 COLON AND RECTUM CASES)

Injuries of the colon were complicated by injuries of the chest through the diaphragm 191 times, or in 14 per cent of the cases. The mortality was 50 per cent.

SURGICAL MANAGEMENT OF THE COLON AND RECTUM
(1,222 COLON AND RECTUM CASES)

In this series of 1,222 cases in which the patients suffered wounds of the colon, including the rectum, the various surgical procedures utilized may seem to be many, indicating that there is a wide variation of opinion among the surgeons of this group as to the proper handling of wounds of the large bowel. If, however, the types of operations are examined, it is apparent that the opposite is true. The opinion in this group as to the proper procedure to pursue in dealing with battle wounds of the colon and rectum is probably less varied and as definite and concrete as any surgical procedure of the abdomen. The principle of exteriorization of the injured colon was closely adhered to throughout the group. As one would expect, several types of exteriorization of the colon were developed, and procedures other than exteriorization were used when it was inadvisable or when it was not possible to exteriorize the injured bowel.

In general, all surgical procedures for wounds of the colon and rectum were based on three fundamental principles. The first of these principles is the exteriorization of the wounded segment of the bowel to avoid intraperitoneal leakage at the suture line. The exteriorized, wounded segment may be used as the site for colostomy when indicated. The second is the diversion of the fecal stream away from distal wounds of the colon and rectum. This may be accomplished by any one of several types of colostomy. When this is done for perforations of the rectum, adequate posterior drainage through

*The mortality rate for the colon alone was 23 per cent and for the rectum alone was 14 per cent.

the fascia propria is mandatory. The third principle is the incomplete diversion of the fecal stream as a temporary measure, thus providing gaseous decompression and also bringing the bowel to the surface so that a diversional colostomy may be formed. When performed in the cecum, this may be a tube or tangential colostomy, which, however, cannot be converted to a diversional procedure.

The retroperitoneum was always drained (rubber tissue drain) through an individual incision when it was penetrated or perforated. The peritoneal cavity, however, was drained only in about 10 per cent of all cases of injury to the colon without retroperitoneal perforation.

The transverse colon alone was involved in 34 per cent of all cases reported. Next in order of frequency of wounds were the ascending colon, 22 per cent; the sigmoid, 13 per cent; the descending colon, 10 per cent; the rectum (extraperitoneal), 9 per cent; the transverse and descending colon, 4 per cent; the colon and rectum, 3 per cent; the ascending and transverse colon, 2.7 per cent; and the ascending and descending colon, .7 per cent.

Wounds of the ascending colon presented a particularly difficult problem when it was necessary to resect the entire right portion of the colon and the terminal ileum. Early in the war the most popular procedure was the resection and double barrel ileocolostomy. This operation was not satisfactory and carried a mortality rate of 64.7 per cent. Later on, resection and ileocolostomy anastomosis and either double mucus fistulas or single mucus fistula were advocated and were done with some improvement in the mortality rate. The mortality rate remained high, however, at 51.7 per cent. In 2 patients with resection of a portion of the ascending colon the proximal and distal ends were exteriorized separately, and both died. See figures 2 and 3.

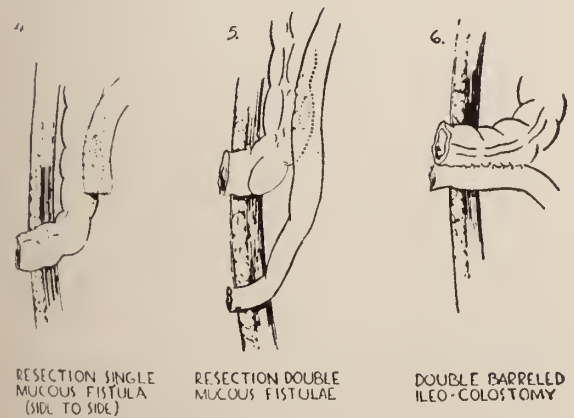


Figure 2

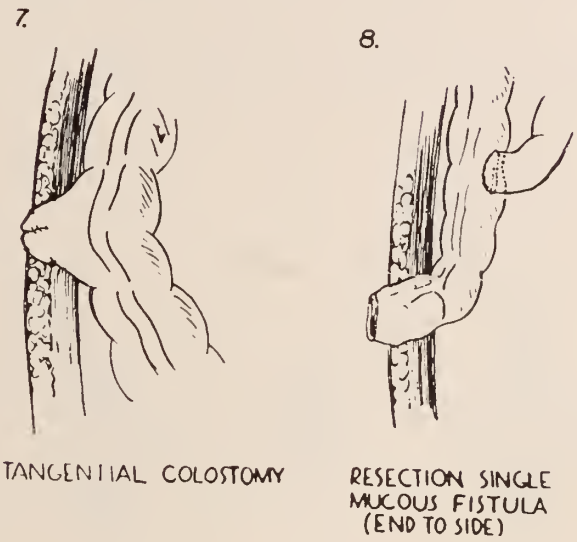


Figure 3

It is of interest that 13 patients had a primary repair of the right colon without colostomy and with only 1 death. Of course, this result indicates nothing because these were the less seriously wounded by far and cannot be considered in any way as being comparable to those patients who required resection of the entire right colon or even those with single large wounds. In 10 per cent of all patients with wounds of the ascending colon a tangential colostomy was done with no deaths. See figure 3. This procedure was done only when the perforation of the bowel was small and on the antimesenteric border of the bowel. The bowel was either repaired and no fecal fistula established at the time of the operation, or the bowel was not repaired and a fecal fistula was present.

The transverse colon was involved in 34 per cent of all cases of wounds of the colon and rectum in this series. This was by far the most frequent segment involved. There were 417 patients with wounds of the transverse colon, with 161 deaths, or a mortality rate of 38.6 per cent. Here again there were 6 patients who had a primary repair of the perforation and no colostomy. There were no deaths in this group of 6 cases, and all of the wounds were comparatively minor.

Wounds of the descending colon presented no unusual problems as compared to wounds of the ascending and lower sigmoid segments. All lesions

were dealt with by simple loop exteriorization, or a spur colostomy (see figure 4), or closure of perforation and proximal colostomy. One patient was treated by repair of the perforation and return of the bowel to the peritoneal cavity. The mortality rate in these cases was 4 per cent above that for cases of wounds of the ascending colon.

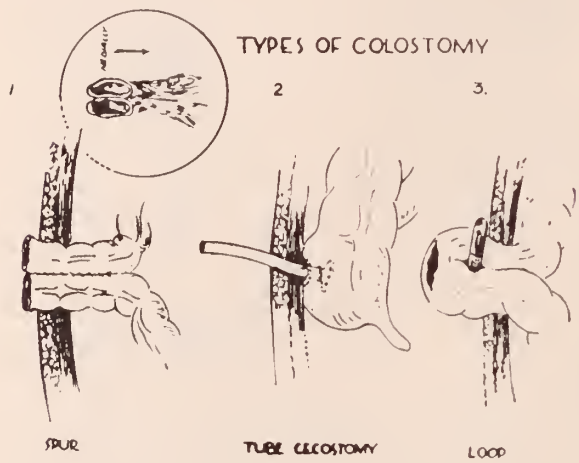


Figure 4

The sigmoid colon presented two problems not present in the colon proximal to the sigmoid. When a perforation of the lower sigmoid was encountered, it was often impossible to exteriorize the wounded segment due to insufficient distal bowel. In these cases the perforation was repaired, and a proximal diversional colostomy, either a loop or spur colostomy, was formed. The second problem, which was only encountered in 4 cases, was a perforation at the rectosigmoid junction just at the reflection of the peritoneum on the pelvic floor. In these cases the perforation was repaired, and a proximal diversional colostomy was done with fascia-propria drainage of the rectum posteriorly.

The extraperitoneal rectum was perforated in 116 patients, of whom 89 lived and 27 died. These patients had a proximal diversional colostomy, fascia-propria drainage of the rectum and either closure or no closure of the rectal perforation. The mortality rates were 24 per cent and 18 per cent respectively.

The so-called fascia-propria drainage is defined by this group as adequate exposure and drainage of the extraperitoneal rectum either by removing the coccyx and freeing the fascia propria from the rectum or by dissecting the fascia propria from the rectum and obtaining adequate rectal exposure through an incision just lateral to the coccyx. This type of operation with a proximal diversional colostomy, either a loop or spur, was done in the great majority of cases in which there were perforations of the rectum.

The mortality rate increased sharply when two different segments of large bowel were involved. One hundred and thirty patients had wounds of either two different segments of the colon or the colon and rectum. The mortality rate was 49.2 per cent.

INTRAPERITONEAL CHEMOTHERAPY

There is a striking uniformity in the mortality rate regardless of the intraperitoneal chemotherapy. One is prone to interpret this as meaning that the chemotherapeutic agents are ineffectual when used locally. Before any deduction is made, it is necessary to explain that prior to June 1944 it was routine to give intravenous sulfadiazine postoperatively; after this date, penicillin was given at three hour intervals from admission onward. Some surgeons continued the intravenous sulfadiazine in conjunction with penicillin. There is a possibility, too, that some surgeons, who used no agent in the abdomen in slightly contaminated cases, did use some in their severe cases. It seems safe to say that intraperitoneal chemotherapeutic agents made no demonstrable improvement in the results.

TABLE 5.—INTRAPERITONEAL CHEMOTHERAPY (1,222 COLON AND RECTUM CASES)

	Patients	Deaths	Mortality
Sulfanilamide	522	177	33.9%
Penicillin	134	46	34.3%
Sulfanilamide and penicillin	141	49	34.7%
No drug	143	47	32.9%

POSTOPERATIVE COMPLICATIONS (1,222 COLON AND RECTUM CASES)

From records available it is almost impossible to make an accurate appraisal of complications which arose postoperatively. Often there was no note about a fatality when it occurred. No doubt many more of the important complications are listed than minor ones. There can be no doubt that there were many more cases of nonfatal atelectasis and patchy bronchopneumonia than are noted below. Likewise there must have been additional wound infections, minor hemorrhages and even temporary partial obstructions from edema in the areas of intestinal anastomosis.

Without additional comment, herewith are listed those complications which were noted, each with the number of occurrences: peritonitis, 50;

pneumonia, 46; anuria, 45; wound infection, 30; atelectasis, 28; evisceration, 12; intestinal obstruction, 11; anaerobic infection, 11; fecal fistula, 8; empyema, 7; secondary hemorrhage, 6; subphrenic abscess, 6; pelvic abscess, 6; pulmonary edema, 5; cerebral embolus, 1; fat emboli, 1.

CAUSE OF DEATH
(1,358 COLON AND RECTUM CASES)

In considering the cause of death in these patients suffering from war wounds it is important to remember that it is difficult in many instances to name one primary cause of death. Many patients were multiply wounded. Some had severe wounds of the head and extremities, and a large percentage had associated chest or thoracoabdominal wounds. To illustrate the seriousness of the later complication, in 20 per cent of the fatal cases of wounds of the colon there was involvement of the chest and diaphragm.

In the great majority of the cases in which death ensued, postmortem examination, complete or incomplete, was made to establish a cause of death. In the others, the clinical examination and course, the operative findings and the attending surgeon's opinion were carefully examined, and, if possible, a cause of death was listed. In 40 cases no cause is known. These are not considered in figuring proportions.

Shock.—Forty-four per cent of the fatal cases were attributed to this cause. The patients in these cases were most severely wounded and almost invariably in severe shock on admission; they may or may not have responded fully to adequate preoperative shock therapy. They were operated upon, but they did not respond or react to even the most heroic postoperative treatment and died usually within twenty-four hours, but occasionally after thirty-six hours. Whether death was due to shock entirely, the so-called irreversible shock, or to a combination of shock and the effects of an overwhelming peritoneal contamination is still debatable. Certainly, most of these patients died before a fatal type of infectious peritonitis could be established. Just as certainly there was present in most of these cases sufficient irritative peritoneal contamination in the form of feces, small intestinal contents, bile, blood, or urine to cause a shock reaction. Also, the actual loss of blood was of tremendous importance, along with the other factors, in the causation of this severe and fatal type of shock.

Until more is known about the disturbed physiology and how to control and correct it, there can be little improvement in the mortality rate. This type of death was especially prone to occur after operations for extensive wounds involving the right portion of the colon, the cecum and the lower part of the ileum, where the bowel contents are liquid and notably irritative. Constant changes were made in the suggested means of handling these patients because of the high mortality. It seems that the remedy does not lie so much in finding a better operation but in being better able to cope with and alleviate the great disturbance in physiology.

Intraabdominal Causes.—Conditions within the abdomen caused death in 119 cases, or 26 per cent of the total, and, except for hemorrhage in 7 cases, all deaths in this group were directly or indirectly due to infection.

Hemorrhage.—Unquestionably in some of the deaths attributed to shock, hemorrhage played an important part. Postoperatively though, hemorrhage was relatively unimportant as a primary cause of death.

Peritonitis.—In 90, or 20 per cent, of the fatalities there was a degree of generalized peritonitis which made it the apparent cause of death. Fatal peritonitis was most frequently associated with lesions of the colon on the right side, accounting for 24 per cent of the deaths, and the percentage decreased as the lesion became more distal, with 15 per cent of the deaths occurring in patients with lesions of the sigmoid. It is difficult to suggest how improvement in this rate could be made. No doubt a number of patients died because of an associated lesion which, when combined with peritonitis, was overwhelming. Some, it can be imagined, might have been carried over their infection had they had the more individualized treatment which is possible in periods of lessened activity. This is a cause of death less to be feared than formerly and one which possibly can be further eliminated by full use of all the means at one's command.

From facts at hand, there is no proof that any intraperitoneal chemotherapy influences the mortality rate (see Chemotherapy). I am unable to add, except by inference, that it fails to aid in the control of peritonitis. There seems little doubt, however, that the systemic use of penicillin and/or sulfonamide has had a great effect in the control and treatment of peritoneal infection. Penicillin has been used routinely since June 1944, and

some surgeons have continued to use intravenous sulfadiazine in addition to the penicillin in all injuries of the colon and rectum.

RETROPERITONEAL CELLULITIS.—This cause was responsible for 7 deaths. Two were in extraperitoneal rectal cases, and the others occurred in cases in which lesions were distributed about equally over the entire colon, ascending to the sigmoid.

LOCAL ABSCESSES.—There were few deaths, only 5, reported from this cause. One abscess occurred in a wound of the ascending colon; 4 were in wounds of the transverse colon.

ABDOMINAL "GAS" INFECTIONS.—Apparently no fatal intraperitoneal anaerobic infection was recognized after the routine use of penicillin was instituted. Five deaths from this cause were reported in this series prior to February 1944.

INTESTINAL OBSTRUCTION.—In 5 cases death resulted from obstruction. In all there were complicating lesions of the small bowel which later were the sites of obstruction. In at least two cases, the obstruction followed a breaking down of anastomosis of the small intestine.

ANURIA.—Forty-five patients, or 10 per cent of the total, died in complete anuria. In these, the lesion of the kidney was the primary cause of death.

No death was attributed to this cause unless at least three days had elapsed between injury and death. This arbitrary time limit was based upon the generally accepted concept that three days is the minimum time in which fatal renal dysfunction from this cause can occur. Some surgeons set a longer minimum time.

INTRATHORACIC CAUSES.—In 63, or 14 per cent, of the total number of cases in which death occurred from known causes, intrathoracic involvement was the cause. In view of the fact that in 95 fatal cases, or 20 per cent, this involvement was through the diaphragm and in still others there was associated injury of the chest without perforation of the diaphragm, this percentage does not loom large.

In 11 cases, including 4 of blast injuries, the wound of the chest was the primary cause of death. Pulmonary embolus caused death in 16, or 3.5 per cent, of the cases. Pneumonia was responsible for death in only 20, or 4.4 per cent, of the cases. This low figure is no doubt made possible by the routine chemotherapy of all wounded patients in addition to the skill of the anesthetists. Certainly, endotracheal anesthesia and tracheobronchial aspirations during and after anesthesia played an important part in preventing and relieving atelectasis and thus, subsequent pneumonia. Atelectasis caused 5 and pulmonary edema 10 deaths. There was 1 death from empyema.

MISCELLANEOUS CAUSES.—In the remainder of the fatal cases death occurred from miscellaneous causes. Most important among them were associated head injury in 6 cases and anaerobic infection of soft tissue in 7 cases. Some of the latter were in wounds of the buttock in direct communication with rectal and colic wounds, but most were in concomitant extremity wounds.

Summarizing, one finds that of all deaths from known causes in this large series of cases, only 1 in 4 was due to intraperitoneal infection, including anuria; 2 in 4 were due to shock or the immediate effects of trauma; and 1 in 4 was due to an associated injury or complication.

SUMMARY AND CONCLUSIONS

1. In a consecutive series of 3,532 abdominally wounded patients operated upon by the Second Auxiliary Surgical Group, 38.4 per cent had open or gangrenous wounds of the large intestine, including the rectum. The recorded mortality rate was 36.2 per cent.

2. The average time lag from wounding until surgical treatment was begun was ten and nine-tenths hours. The preoperative time lag in injuries of the colon definitely affects the mortality rate adversely, but probably to a lesser extent than generally believed. In rectal wounds with no involvement of the colon there was not the same adverse effect.

3. There was a definite and almost regular increase in the mortality rate proportional to the number of additional abdominal organs injured. This multiplicity factor seems to be more important than time lag or the nature of the particular organs involved, in determining the prognosis.

4. In cases of injury to the colon with an associated thoracoabdominal wound there was a 50 per cent mortality, and these fatalities represented 20 per cent of all deaths.

5. Fundamentally the basic principles of surgery of the colon in war wounds are three: (a) exteriorization of wounded portions of bowel whenever feasible to avoid intraperitoneal leakage; (b) complete diversion of the fecal stream away from

distal wounds of the colon and rectum by proximal colostomy, and (c) incomplete diversion of the fecal stream for gaseous decompression and possible future complete diversion by colostomy.

6. Simple loop colostomy was most frequently used in this series. The spur type was reserved in most cases for resections, transections and large mesenteric border wounds of the colon.

7. Many small antimesenteric perforations of the colon, particularly on the right side, may be closed and the closed site exteriorized tangentially, thus maintaining continuity of the bowel without forming a fistula.

8. Severe wounds of the colon on the right side requiring resection are probably best treated by ileotransverse colic anastomosis with exteriorization of the proximal end of the transverse colon or the variation of this operation in which the distal end of the ileum is also exteriorized through a separate incision.

9. Posterior drainage of the perirectal space is mandatory in all extraperitoneal rectal wounds in addition to a diversional colostomy.

10. All parts of the colon can be exteriorized except the lower sigmoid, and all retroperitoneal portions must be reflected for thorough examination if a wound is suspected.

11. All contaminated retroperitoneal spaces must be adequately drained, but it is not necessary to drain the peritoneal cavity in most instances.

12. There is no evidence that intraperitoneal chemotherapy is an effective adjunct to the systemic use of penicillin and sulfadiazine in injuries of the colon.

13. More than half of the deaths were due to shock and anuria (shock 44 per cent and anuria 10 per cent). It seems reasonable to assume that until more is known about the physiology of shock and more adequate methods of prevention and treatment are employed, the high mortality rate cannot be lowered.

14. Intraabdominal infection caused one fourth of all deaths. The frequency of fatal peritonitis was greatest in lesions of the colon on the right side and decreased as the lesions became more distal.

Lafayette Arcade.

DISCUSSION

Dr. David R. Murphey, Tampa: It is entirely unnecessary for me to comment on the quality of Dr. Chunn's presentation. I think all realize that we have just heard a most excellent paper, and I want to congratulate Dr. Chunn upon it.

As indicated by the excellent results obtained in the series of cases reported by Dr. Chunn, the mortality rate of the American Army in World War II reached an all time low. In the majority of large series of cases of gunshot wounds of the abdomen which have been reported by civilian hospitals, the mortality rate was approximately 50 per cent, whereas the mortality rate in over 1,000 cases of wounds of the large bowel and rectum reported by Dr. Chunn was only 36 per cent. Why is there this difference? The civilian casualty certainly receives treatment more promptly than the war casualty and under less trying circumstances. The most frequently advanced excuse is that the military surgeon is dealing with patients in the prime of life and in the best possible physical condition. This was unquestionably true before these boys went into combat. But at the time they were wounded, they frequently were exhausted and dehydrated. Many were on the battlefield for long periods of time without water, and when transported, they were moved over rough terrain in uncomfortable conveyances in contrast to the modern civilian ambulance.

The results obtained in World War II are much better than those reported from civilian life, or obtained in World War I. I believe that in all probability the most pertinent explanation lies in the treatment for shock and the use of adequate amounts of blood and plasma prior to the institution of definitive surgical therapy. That is probably the outstanding reason. In most cases of this type 500 cc. of blood is entirely inadequate. This is the donor dose of blood. Frequently three or four times that amount was required before the blood pressure became stabilized sufficiently to permit operative therapy on the casualties of World War II. One big lesson learned in this vast conflict is the large amount of blood that is required to return a patient's physiologic state to normal before surgical measures are undertaken.

Then, too, competent anesthetists also played a most important part in lowering the mortality rate. This group contributed greatly to the progress that was made in battle field surgery. Good anesthetists were available who were capable of administering the anesthetic and taking care of the patient's general condition, thus completely relieving the surgeon's mind of these details. If a civilian hospital is to keep abreast of the development in this field of medicine, its anesthetic department certainly must be under the supervision of a competent physican anesthetist.

Chemotherapy also aided in lowering the mortality rate. When Dr. Chunn mentioned chemotherapy, he did not mean that chemotherapy was not a benefit. He intended to bring out the point that I want to stress, that chemotherapy is just as effective when given intravenously as when placed in the wound. It has the advantage of being under control and can be discontinued if toxic reactions develop.

The surgery of World War II was better than that of World War I, and in a great many instances better than that in most civilian hospitals. World War II was a proving ground for the residency system of training surgeons. The consultation system used in this war is another reason why the mortality in the American Army reached an all time low. This system placed the proper surgeon in the proper place at the proper time. It also

correlated the results and standardized the surgical procedures.

The increased mortality rate in lesions on the right side, as reported by Dr. Chunn, was due to several factors. The peristaltic waves in the portion of the colon on the right side are much more active than the peristaltic waves in the portion on the left side. Since the intestinal contents in the right half of the colon are liquid, there is therefore more extensive soiling of the peritoneal cavity in wounds of this portion. The patients with extensive soiling of the peritoneal cavity were much more difficult to treat for shock and bring into proper physical condition for surgical treatment than those in whom extensive peritoneal contamination had not taken place. Shock as much as infection played an important part in the mortality rate of 65 per cent in the patients with these lesions. Another factor in these cases was the difficulty of maintaining a normal physiologic state, due to the loss of fluids from the exteriorized bowel.

One point I do not think Dr. Chunn mentioned today is that it was mandatory by command of the theater surgeon that wounds of the colon be exteriorized. Some of these wounds could not be exteriorized because of their position. The low mortality rate in this small group of cases seems significant, particularly when one considers that the mortality rate for the cases reported by Dr. Chunn does not include those in which the patient succumbed to closure of the colostomy. Closure in colostomy is not always a simple procedure. This observation is borne out by some of the complicated procedures advocated in the recent surgical literature.

The figures that Dr. Chunn presented on the mortality rate in surgery of the colon are most complete. I want to congratulate him not only on his excellent paper, but also on the excellent results obtained under the most trying circumstances.

DR. HERMAN BOUGHTON, Miami Beach: I was with a General Hospital in England and had considerable experience in the closure of colostomies that had been performed by the surgeon in the Field and Evacuation Hospitals. Patients reached us twelve to fifteen days after definitive care had been given. After D Day. spurs were constructed in cases of colostomy, but the majority of these were unsuccessful, and so after a few months, a directive was issued against the attempted performance of spurs, but advocating complete division of the large bowel.

At first we attempted to close these colostomies extraperitoneally, regardless of whether or not the spur had been formed. We got into all sorts of trouble with this extraperitioneal closure. Infection of abdominal wounds was common, and several patients were almost lost. Luckily, none were. We then began the procedure of opening the abdominal wall, completely freeing each end of the colostomy thoroughly, and doing an open end to end anastomosis and replacing the bowel into the peritoneal cavity. The peritoneum and transversalis fascia were closed tightly without drainage. The abdominal wound was packed loosely with vasoline gauze, and through and through sutures were placed to be tied four or five days later. Following this procedure, the infections of the abdominal wall stopped abruptly, there was no evidence of peritonitis, and the postoperative course was smooth and uneventful. This result further confirms the principle that the peritoneum can take care of a small initial infection, but not continuous contamination, such as results from a leak of an improperly anastomosed bowel.

Since returning to civilian practice, I have practiced this end to end closure of colostomies, and the procedure has been as satisfactory as under military conditions. I think its three advantages are: (1) lack of infection of the abdominal wall; (2) a stronger abdominal wall with less likelihood of hernia developing; and (3) a larger lumen at the anastomotic point, which results in the absence of symptoms of partial obstruction, a common complaint in extraperitoneal closure.

DR. CHUNN, concluding: Because of the volume of statistics included in this paper many other important phases of the subject could not be included.

Dr. Murphey mentioned the necessity of these patients receiving adequate blood. The figures reveal that the average blood transfusion for the patient that lived was 1,800 cc., and the average blood transfusion for the patient that died was 2,500 cc. Many, many times these patients got three to four times that amount of blood. The patients with lesser wounds could get by with probably one or more transfusions.

Another point that held true invariably and that I did not stress is that in extraperitoneal wounds of the rectum it was mandatory that a proximal colostomy be performed with adequate drainage of the rectum posteriorly. Whenever there was variation from this procedure, extreme trouble resulted. Whenever the retroperitoneum was punctured or perforated, drainage was provided through a separate stab wound incision. This procedure was most necessary. The peritoneal cavity, however, was drained in only 10 per cent of the cases.

The appendix was involved in 1 per cent of the cases of wounds of the colon. This statement was included in the part of the paper which I could not present in the limited time.

NEWER SERVICES OF THE STATE LABORATORIES

ALBERT V. HARDY, M.D.
JACKSONVILLE

The laboratories of the Florida State Board of Health have served the physicians of Florida for forty-four years. During this time the numbers of specimens sent for examination have increased progressively, the variety of tests made available has expanded markedly, and the reliability of findings has improved with advances in technical procedures. The expansion in recent years has been particularly rapid and is continuing. This is a challenging record. But now the concern is with the present and the future. May I therefore direct attention to services recently initiated or planned for the immediate future?

TUMOR EXAMINATIONS

The relative importance of cancer as a cause of death has been rising in Florida as in the nation as a whole. Recently the concern of official public health agencies with this problem has crystallized into action. Funds are being made available to aid in every practicable manner in the prevention of illness and death from neoplasms. The laboratory is involved since examinations of pathologic tissue are essential in obtaining early and reliable diagnoses. The plans for a tumor diagnostic service were announced recently; certain features call for emphasis.

Director, Bureau of Laboratories, State Board of Health.

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

The public health objective in this problem is simple—to remove every significant barrier to early and accurate diagnoses and effective therapy. A consideration of cost must never cause a physician or a patient either to delay or to omit an indicated biopsy examination. The free service for diagnosis of tumors was initiated to help care for the medically indigent; public health officials wish it to be limited to this group. We ask therefore that you, the physician, certify that the payment of the usual fee for a tissue examination would be an undue financial hardship to your patient; we ask also that the patient acknowledge this situation by signing a brief statement on the back of the data slip. These are the simplest of precautions designated to insure that this service will be used for the purposes intended.

The second important feature of the plan is that you may have the examination performed by any qualified pathologist of your choice. He will report his findings directly to you. The normal relationship of patient, physician and pathologist is preserved, save only that the Board of Health assumes responsibility for the cost of the tissue examination. Two cautions please—the "Tumor Examination" data slip must be used and completed. It is accepted by the Board of Health as the pathologist's bill. Remember also to address the specimen container to the pathologist of your choice. Several specimens have come directly to the Jacksonville laboratory; we urge that you select the pathologist rather than leave the arrangement for the examination to us.

This plan was developed in association with the pathologists of Florida and has their full approval. They join in urging that it be used whenever needed. Together we emphasize, "No laboratory examination can be better than the specimen submitted." We trust that this new service will have the desired value in obtaining an accurate diagnosis on more tumors and as early a diagnosis as is possible.

RH TESTING

The problem of Rh testing has been pressed upon laboratory workers by recent advances in knowledge. Again this is an activity which involves both the public health and the clinico-pathologic laboratories. According to evidence compiled by Dr. John H. Spooner of the New Jersey State Department of Health, as of January 1947, twenty-five state public health laboratories were performing Rh tests either on request, or in some instances, routinely on all antepartum blood specimens submitted for syphilis serology. Our Jacksonville laboratory is among those which have started this work. It was initiated primarily to study the problem among pregnant women attending public health antepartum clinics. Gradually, this service can be made more generally available. Our concern, however, as a Public Health Laboratory providing free service, is to do the tests which otherwise would not be done. An unhemolyzed clotted blood specimen such as is submitted for syphilis serology, can be used for the initial Rh test.

The future needs of this activity cannot be clearly predicted at this time. At present the Rh typing of blood donors and recipients is routine practice in Blood Banks. It is held by many that all pregnant women and the husbands of Rh-negative women should be tested. This testing would involve much laboratory work. During 1946 we received in our laboratories 37,878 blood specimens specifically designated for antepartum blood tests for syphilis serology. We, in the Bureau of Laboratories, stand ready to aid with this new problem in any desirable and practicable manner. The needs as we view them are these: (1) Dissemination of knowledge on the subject is essential. The test will have its full value only when you have a full understanding of the significance of findings. (2) This service should be readily available. Technical workers in hospital and clinical laboratories should be trained to perform the test and should be officially approved. The facilities of the public health laboratory are available also, thus assuring that the service will be accessible to all. (3) The essence of this activity is to find the potential cases and to follow these closely. Rh-negative pregnant women with Rh-positive husbands should have their blood examined at stated intervals for evidence of Rh sensitization. These examinations become more urgent with each additional pregnancy. When a high antibody titer is found, the person must be tested repeatedly. This work can be done best by a pathologist of your choice. The formal or informal consultation accompanying his report may have major value in directing the management of your case.

EVALUATION OF CLINICAL LABORATORIES

These activities bring into focus the close relationships of the public health and the clinico-pathologic laboratories. The ideal situation would

be to have accessible in all areas of the state, medical laboratories operated by qualified pathologists. Let us not lose sight of this goal. At present, however, more clinical laboratories in Florida are operated by technicians than by pathologists. Furthermore, there are no provisions for examining or licensing technicians, nor any general control over the operation of laboratories which make examinations in connection with the diagnosis and control of human diseases. Florida's position is undesirable since many states have such regulations. Our doors are still open to those who cannot qualify elsewhere. Regulation is needed to foster the establishment of medical laboratories under medical direction, to protect our competent technical workers and to give you strong assurance that the laboratory examinations on your patients are performed by qualified workers. Elsewhere the responsibility for evaluating procedures has been added to the work of the State Public Health Laboratories. Legislation concerning this problem is not necessary. Our legal advisor has pointed out that Florida's State Board of Health has broad general powers adequate to authorize the establishment of standards for the operation of clinical laboratories.

There has been one demonstration on a national scale of the way in which laboratory practice may be improved through the cooperation of a central laboratory. Each year the relative reliability of serologic tests performed in state laboratories is evaluated by the Public Health Service as follows: Blood specimens (between 350 and 400) are collected from syphilitic and presumably nonsyphilitic donors and sent to the public health laboratory of each state and to control laboratories. The results are assembled, and the relative specificity and sensitivity of the tests in each laboratory are determined and reported. From the last evaluation studies for example, we have this evidence on our Jacksonville laboratory. It had a 100 per cent record for specificity, that is, there were no false positive results. Please remember, however, that biologic false positive reactions do occur, and you must expect them, but our state laboratory had this highly satisfactory rating for the specificity of the tests which it performs. The sensitivity of the test is measured by the proportion of positive reactions on the blood of syphilitic donors. In this, our laboratory was one of the five best in the nation, and incidentally, its rating was a little above that of Dr. Kahn's laboratory. There is strong competition for such a favorable position. Thus this annual evaluation, by stimulation without coercion, has contributed greatly to improving the quality of serologic work in our state laboratories. Obviously, this laborious effort has been fruitful.

There are more clinical or hospital laboratories doing serology in Florida than there are state laboratories in the United States. Various other procedures can and should be evaluated. This is some indication of the task before us. Actually, we must give attention to serologic work since our premarital and antepartum blood test laws specify that these examinations must be performed in laboratories approved by the Board of Health. Thus far we have sent to the laboratories in Florida which expressed their desire to be evaluated, 25 serologic specimens. These serums included several with weak reactions, which are most likely to enable detection of discrepancies in findings. The same specimens were examined by Dr. Kahn and the Public Health Service. These were our control laboratories. Our own central and branch laboratories examined the test specimens also. There was complete agreement in findings with the control laboratories in three of the four in which serologic tests are performed. A comparison of the findings of the 53 laboratories being evaluated and the control laboratories revealed the following: In 9, or 17 per cent, all findings were in agreement with those of the control laboratories; in 27, or 51 per cent, there were one, two or three discrepancies, but in 17, or 32 per cent, there were from four to ten significant discrepancies in the testing of the 25 samples. Further examinations which will reveal the cause of these weaknesses and serve as a basis for formal approval or nonapproval are indicated.

The problem of a fair evaluation of laboratories is difficult, but clearly it is important. We believe unquestionably that our public health laboratory will make a major contribution to medical practice in Florida when we can handle the broad problem of evaluating various medical laboratory procedures. Specific tests will need to be examined singly and repeatedly. Any blanket or long-continued approval would have little value. The major objective will be to improve the quality of service by detecting weaknesses, helping to correct these and stimulating to better work by reporting appropriately the results of evaluation studies. Authority to limit the work of the incompetent may be needed and is available. We shall move forward in this direction

when we can secure the services of the experienced assistants needed.

QUANTITATIVE HOOKWORM EXAMINATIONS

One recently established change in technic requires a modification in the reporting of findings. The examination of feces for evidence of hookworm has been improved to give you a quantitative estimation of the intensity of the infection. This work was carried on by, and under the direction of, Dr. Marion Hood, the Chief of the Parasitology Section of our laboratories, for whom I shall speak.

It has been known for more than twenty years that the clinical significance of hookworm infection is directly related to the number of worms present. Four intensity groups are accepted, namely, very light, light, moderate and heavy. These are classified according to the number of eggs per cubic centimeter of feces, which in turn, may be expressed in terms of the approximate number of worms in the intestinal tract. In general, very light infections are considered to be subclinical, the light to be subclinical or borderline, while moderate and heavy infections commonly give rise to clinical manifestations. Through the development of concentration technics, hookworm eggs can be found when present in small numbers only. Heretofore the same report of "positive" was given when one hookworm egg was seen or when hundreds were observed. With our present procedure you will receive a report indicating the probable significance of the findings.

Specimens from a wide area are sent to our Jacksonville laboratory. About one third of the fecal specimens examined parasitologically give positive evidence of hookworms. Only 3 per cent of all specimens, however, show the findings of moderate to heavy infections; another 5 per cent fall in the group of light infections. The striking feature is that consistently, the high proportion (about 25 per cent of all specimens) are very light infections, and most of these are very, very light. In accordance with the best medical opinion, these very light infections need not concern us. From a clinical and public health standpoint, they have no appreciable significance. Bear in mind that hookworms do not multiply in the intestinal tract, that they die after a relatively short life and that older worms produce less pathologic change than the younger ones. The moderate to heavy infections are important and need therapeutic attention. The light infections are considered of borderline significance; treatment would be recommended.

Briefly then, a positive hookworm report will be a weighted one. The findings will have the clinical significance indicated by the descriptive adjectives, very light, light, moderate or heavy, which are used in reporting the intensity of infection.

Incidentally, this new procedure has increased our knowledge of the trend of hookworm infection in Florida. Almost the same proportion of persons are found infected now as in earlier years. Then, a high proportion of the discovered infections were moderate or heavy; now, most of those detected are very light. Thus the incidence has fallen only slightly, but the intensity of infection has declined markedly.

RESEARCH

My final reference is a statement of a need and a hope, namely, for space, resources and personnel which will permit the laboratories of the Florida State Board of Health to develop and maintain a creditable research program. We are known by our fruits. Our laboratories must become known for their scientific productivity. Furthermore, you, the physicians of Florida, must have the resources of a strong research laboratory freely available to you.

Reviewing this last year, my first as your Director of Laboratories, one remembers chiefly the difficulties which seemed so beyond control. Never before has there been such strong competition for the services of trained personnel. Essential supplies on order, such as mailing containers, glassware and equipment, have remained undelivered and unpromised throughout the year. Even paper for printing data slips has been hard to find. We have not been able to serve you as we want and plan to do. We hope you have understood. Still, despite difficulties, progress can be reported. We are looking for those more normal times with fewer obstacles, and none of them insurmountable. Then we shall move forward more easily, shall serve you better and can develop in Florida the superior laboratories appropriate for our state.

1217 Pearl Street.

DISCUSSION

DR. J. N. PATTERSON, Tampa: The program outlined by Dr. Hardy is a most comprehensive one. Much has been done already toward accomplishing this goal. For example, the tumor program, with the cooperation of the pathologists of Florida, was started approximately two months ago. The members of the Florida Society of Pathologists believe that this program should be used as a model for the introduction of new laboratory procedures by the State Board of Health. We believe that these new services should be limited to indigent patients except in communities where private laboratory or hospital facilities are not available.

In regard to the Rh factor, we believe there are many other matters of far more importance than determination of this factor by the State Board of Health. We regard an educational program by the Board of Health of much more value than the indiscriminate testing of blood for the Rh factor. With the help of the pathologists, the State Board of Health could put on a good educational program on the Rh factor for both the laity and the medical profession.

We must do something about removing the hysteria associated with the Rh factor. There are cases in which physicians have gone so far as to advise girls who are Rh-negative against marrying Rh-positive men. In other instances practitioners have advised Rh-negative women with Rh-positive husbands to have no children. This is wrong because we know that the first child of such a couple certainly would be unaffected, except perhaps in those cases in which the wife has had a previous transfusion of Rh-positive blood. The second child also probably would be unaffected. From then on with a multiplicity of pregnancies the chances of sensitization increase with each pregnancy. Many Rh-negative women, however, have borne a large family without evidence of hemolytic disease of the newborn.

One thing we should remember is that an Rh-negative woman sensitized by previous transfusions of Rh blood may forever be deprived of having a child of her own. Although only a small percentage of such women become sensitized easily, even with multiple pregnancies or multiple transfusions, when sensitization does occur, it is most important. An Rh-negative person, and particularly a girl or young woman, should never receive a transfusion of Rh-positive blood, except in the gravest emergencies.

We agree with Dr. Hardy that Rh sensitization studies should be carried out only by pathologists because the interpretation of these tests is most important. Most physicians are only vaguely familiar with this comparatively new, rather complicated and rapidly advancing field of medicine. The Florida Society of Pathologists has recommended to the State Board of Health that Rh testing be done only on indigent patients so certified by the patient, or when the physician states that this work cannot be done in his community. Even on indigent patients, we are certain that if a physician requests an Rh test, or any other laboratory procedure for that matter, and states that the patient is indigent, no pathologist would refuse to do the work.

The pathologists of the state and the State Board of Health can do much to further the progress of medicine in Florida. As Dr. Hardy brought out, there is a need for evaluation of the technical procedures performed in hospital and private laboratories of the state. I am sure that any pathologist will welcome an evaluation of the work performed in his particular laboratory. We hope that plans for this evaluation can be worked out satisfactorily between the State Board of Health and the pathologists of the state. Important as an evaluation of the performance of technical procedures is, however, interpretations of the various tests are fully as important. We realize that an evaluation on interpretation of different laboratories' procedures cannot be carried out, for only a pathologist, and not a medical technician, is capable of intelligently interpreting laboratory reports.

Dr. Hardy is certainly to be congratulated on the fine work he has done in his first year in charge of the laboratories of the State Board of Health. With such a competent director as Dr. Hardy, as fine a State Health Officer as Dr. Sowder, and such an excellent Board of Health, and with the understanding and help of the pathologists of the state, I am certain that great progress must result to the best interests of the medical profession and laity of the state.

DR. HARDY, concluding: Since coming to Florida the pathologists have been both cordial and helpful to me. We have discussed laboratory problems freely; at times our viewpoints have differed somewhat. In the matter of Rh testing for example, I question whether the needed laboratory work will be done under the plan recommended by the pathologists. We shall try it for a year. I hope it will be effective. In my opinion laboratory service which is essential for the practice of scientific medicine needs to be so easily accessible that it will be used freely. To this end, the Public Health Laboratory could offer to do the initial Rh test on any pregnant woman, just as we now do the serologic tests for syphilis. The detailed studies on those needing to be followed closely could be left entirely to the pathologists. I suspect this is the type of cooperation which may be needed. Thus, the service would be made readily available to the physicians and the public. Furthermore, almost certainly the pathologists would receive an increased volume of work which they and they alone can handle effectively.

In closing, I wish to thank Dr. Patterson for his discussion of this paper, for his friendly guidance and assistance, and for his continued interest in the welfare of the State Board of Health laboratories.

A HISTORY OF MEDICINE IN DUVAL COUNTY

PART XII

WEBSTER MERRITT, M.D.

JACKSONVILLE

Yellow fever, which reached epidemic proportions in Key West during the spring of 1887, apparently was brought to that city by emigrants from Havana. In order to control the contagion and prevent its spread, a refuge camp was built at Egmont Key near the mouth of Tampa Bay. Fruit smugglers, however, brought the disease direct from Key West to Tampa, and from there it was spread to Plant City and Manatee. The Jacksonville health authorities quarantined against Key West and Tampa in June, and Duval County's excellent health record for that year was maintained.[332-335]

In January, 1888, an unusual fever made its appearance in Jacksonville. Physicians were unable to identify the disease, but inasmuch as it occurred chiefly among the well to do and often among those who dissipated, the illness became popularly known as "society fever." Dr. R. P. Daniel, who treated or saw in consultation about 45 or half the total number of patients, described the signs and symptoms in detail. The onset of the disease as a rule was gradual and was

ushered in by malaise, occipital headache and low back pain. Gastrointestinal distress was a prominent symptom, but the two outstanding features of the illness were: (1) a relatively slow pulse rate when compared with the degree of elevation of the temperature and (2) a tendency to relapse. Dr. Daniel observed one patient whose pulse rate was only 60 yet whose temperature was 103 F. and he reported that seven eighths of his patients suffered a relapse in early convalescence.[336] Several physicians believed that in some instances they were dealing not with "society" but with yellow fever. Analysis today, however, makes it appear that the disease in all likelihood was an unusual form of typhoid fever. By spring this peculiar illness was a thing of the past.

About that time rumors were circulated that yellow fever was again prevalent in South Florida, and in early April Dr. A. W. Knight, the secretary of the Duval County Board of Health, was sent to the Tampa area on a tour of inspection. Dr. Knight found no evidence of an epidemic, but he reported that there was "fever" in Plant City and that deaths had occurred there that season as a result of the fever. This report was not made public, but in mid-April Dr. Neal Mitchell, the president of the Duval County Board of Health, wrote to Surgeon General J. B. Hamilton giving him a summary of the report and asking him for advice. It appears that the Surgeon General gave out information to the press which later adversely affected commerce and tourist travel in Florida.[337] At the request of Governor



SUBTROPICAL EXPOSITION.



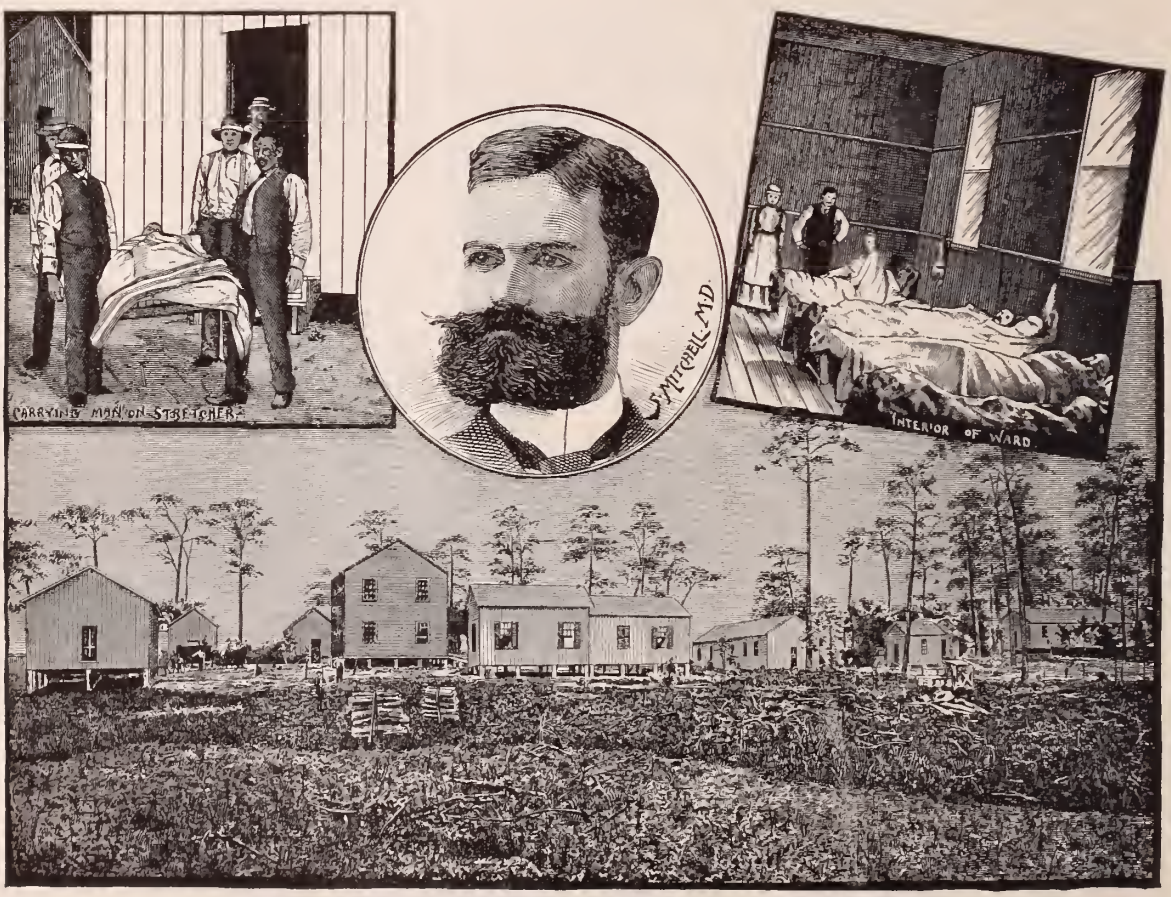
GRAND UNION HOTEL.

Perry, the state treasurer made a trip to Plant City and on April 30 wrote a letter in the form of a report which apparently was designed to quiet rumors.[338]

During the late spring and early summer of 1888 there seemed no real reason for the residents of Jacksonville to become alarmed. The season was a time of gaiety, and life continued very much as usual. The Sub-Tropical Exposition had closed a successful season on April 20. A popular excursion by boat with basket picnic at Green Cove Springs and return by moonlight was an event of May Day. The Jacksonville and Mayport railroad was nearing completion, and Pablo Beach, the new seaside resort, was alive with vacationists.[339] Then came the terrible blow. Late in July yellow fever appeared in the city and in August assumed alarming proportions so rapidly that the whole nation was shocked and concerned. Jacksonville was entering the period of its greatest disaster. By fall she lay utterly prostrate.[340]

On the night of July 28 Dr. Neal Mitchell was called to see a patient who was ill at the Grand Union Hotel, not far from Dr. Mitchell's home. The patient, Mr. R. D. McCormick, had come to Jacksonville from Plant City, via Tampa, and was ill upon arrival. The following morning Dr. J. Y. Porter, a guest from Key West, and Dr. C. J. Kenworthy, Jacksonville's health officer, saw the patient in consultation with Dr. Mitchell. A diagnosis of yellow fever was made, and the patient was sent to the Sand Hills Hospital. This proved to be the first authentic case of yellow fever in the epidemic of 1888.[341, 342] Although the Board of Health announced that Mr. McCormick's illness was sporadic, almost immediately several other people were suspected of having the disease and they too were sent to the Sand Hills.* [343]

* Fortunately the Sand Hills Hospital had been constructed prior to 1888 in the pine woods on an elevated tract of land about 3½ miles north of Jacksonville. A 40 foot pavilion and other buildings were added. Later the hospital was said to have twenty separate buildings and several tents. Very little illness occurred there.[344]



SAND HILLS HOSPITAL.

The threat of an epidemic in the past had set a pattern of fear, and now that all too familiar pattern began to take shape again. As it developed, phrases of reassurance, likewise all too familiar, were heard again. A brief note in the daily paper on August 1 advised: "Keep clean, circulate no lies and fear no evil." Another on August 2 remarked on the fine weather, and the good spirits of the people, adding: "Cleanliness is next to godliness—that's what makes Jacksonville so secure of its future." [345]

Unfortunately, however, the city's immediate future was far from secure. On August 8, when the health authorities announced that 4 new cases of yellow fever had been reported in the city, fear and anxiety gave way to panic. On August 9, when 5 additional cases were reported and on the next day, when the Duval County Board of Health announced that the disease was assuming epidemic proportions, carriages, drays and wagons laden with people streamed toward the depot and the docks while every outgoing train and steamer was crowded beyond capacity.[346] The public roads were congested with people, some on foot, others in conveyances. Many had no particular destination in mind, but most were fleeing north and west by Waycross and Jesup, Georgia, via the few routes which remained open.[347]

Soon, however, rigid quarantine was established against the refugees from Jacksonville, and many found it necessary to travel from place to place in search of shelter. As an example of the hysteria which prevailed, the people of Waycross refused to let Jacksonville residents pass through their town even in locked railroad cars at a high rate of speed and they threatened to tear up the railroad tracks if necessary to isolate themselves from the refugees.[348]

In Jacksonville the Board of Trade, the city council and the county commissioners held a joint meeting with the Board of Health on August 10, and on the following day plans were submitted for organization of the Jacksonville Auxiliary Sanitary Association. Accordingly, the association was organized on August 13 with Colonel J. J. Daniel as president, Mr. Charles S. Adams as secretary and Mr. Henry A. L'Engle as treasurer.

It is hard to appreciate the worth and true value of this association in the emergency. Experience in former epidemics had shown that the health authorities of the city and county had been hampered by freely expressed criticism of citizens, exercising their right of freedom of speech it is true, but often acting upon unreliable information and with a partial or entire misunderstanding of the situation. A few farsighted citizens saw the necessity for organized cooperation with the health authorities in order that information could be disseminated equally, each group could be actuated by the same motive and the crisis could be met with unity and more effectiveness.

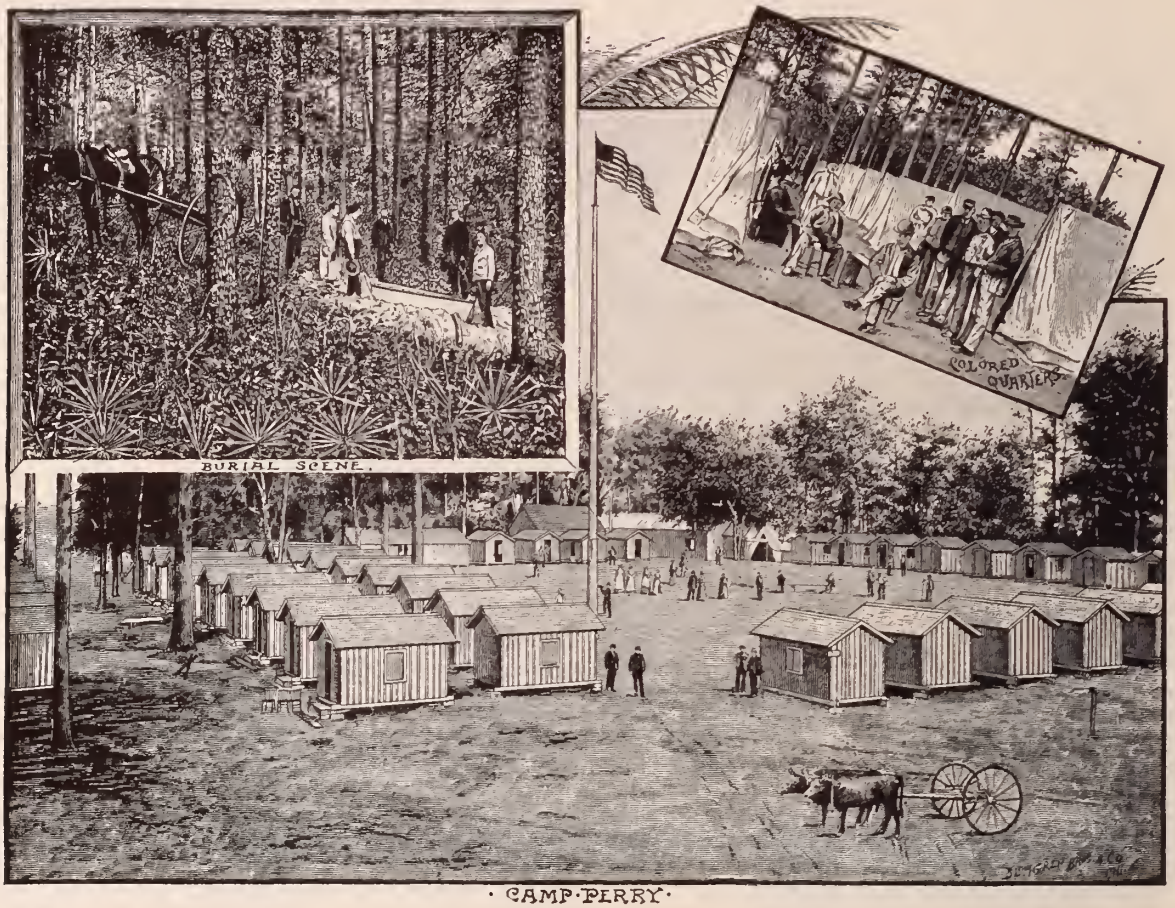
To recite the accomplishments of the Jacksonville Sanitary Association would be a long and tedious task. Its report published in 1889 covers more than three hundred pages. Handicapped at first by lack of funds, later by the illness and death of many of its personnel, the association performed a remarkable work.

A widespread quarantine against Jacksonville in mid-August left only one avenue of escape. Camp Perry, built on the bluffs of the St. Marys River about 40 miles north of Jacksonville, was opened on August 22. This detention camp at first offered very meager, even primitive, accommodations, but every refugee from Jacksonville was required to stay there for ten days before he was allowed to travel farther. Many people preferred to expose themselves to the disease in Jacksonville rather than to brave the hardships afforded by a leaky tent, poor food, insufficient bedding and no hospital facilities.

Although towns and cities throughout the United States established rigid quarantine against Jacksonville, many of them were prompt to offer money and supplies. At first the city authorities refused to accept outside aid, but later when it became necessary for them to request help from the country at large, they were met with an overwhelming response.

The Jacksonville Auxiliary Sanitary Association served as the agency which provided food and work for the people. Nearly 200,000 weekly rations of food were issued, and no one was denied work. An adult ration for one week consisted of 2 pounds of bacon, 3 pounds of meal, 3 pounds of grits, 1 pint of molasses, ½ pound of salt, ¼ pound of coffee, ½ pound of sugar and 1 bar of soap.

The issuance of rations and the providing of jobs did much to build the morale of the people during the long months of the summer and fall. With the exception of the incidents which



· CAMP·PERRY·

followed the rumor that the United States government had sent money which Negroes could obtain without effort, fairly good discipline was maintained among the workers.

A committee of the Jacksonville Auxiliary Sanitary Association, known as the Committee on Nurses and Medical Attention, was organized during the early part of the epidemic. Its bureau, later located on Bay Street, attempted to furnish physicians and nurses for those in distress. Serving with the bureau were eleven local physicians* and seventeen** from other cities, while Drs. Neal Mitchell, R. P. Daniel, A. S. Baldwin, A. W. Knight and C. J. Kenworthy played important roles in executive and advisory capacities. Dr. D. M. Echemendia served as chief of the disinfecting corps. Dr. W. L. Baldwin, before he had the opportunity to serve, became ill and died on September 3, the thirty-seventh victim of the disease. Somewhat more than eight hundred nurses were enroled by the bureau, a little less than one fourth of whom were local residents. Despite efforts to obtain acclimated and experienced nurses, many became ill and a large number were found to be incompetent.

There was much discussion over the proper treatment for the patient who had yellow fever. Dr. H. R. Stout, probably the best known homeopathic physician in Jacksonville during that day, made great claims for homeopathy. Aconite, belladonna and mercury were his remedies for the fever, while silver nitrate, sulphuric acid and arsenic were his "sheet anchors in black vomit." A decoction of watermelon seeds to which a little gin had been added he thought "acted exceedingly well as a diuretic," while brandy and champagne were his best stimulants for collapse and convalescence.[349, 350]

In the early fall, the Board of Health recommended the following:

> Give a hot mustard foot bath with the patient in a chair under a blanket for 15 minutes. After drying under the blanket place the patient in

* Drs. C. J. Burroughs, F. H. Carver, G. F. Center, A. T. Cuzner, A. H. Darnes, J. D. Fernandez, A. W. Knight, George C. Matthews, Sollace Mitchell, P. J. Stollenwerck and Norman Webster.

** Most important in this group was Dr. J. Y. Porter of Key West, whom Surgeon General Hamilton placed in charge of governmental relief.



CAMP PERRY HOSPITAL.

bed with hot water bottles. Give 5 grains of calomel to adults and one-half this amount to a child. After 3 or 4 hours give a dose of castor oil or salts, later warm drinks of orange leaf tea. After the medicine acts, give ½ teaspoonful of Nitre in cool water every 2 hours, and an enema if necessary. Give a little brandy, whiskey or champagne if the patient is very weak. Give 3 tablespoonfuls of beef or chicken broth or gruel and discourage efforts to vomit.[351, 352]

It is apparent now that those physicians who secured good nursing and supportive care for their patients obtain the best results from treatment, whereas those who weakened their patients with strong medicines and drastic measures obtained the poorest result. Had it been possible in those days to administer solutions of glucose and saline intravenously during the period of the patient's nausea, the illness in many instances probably would have been shortened and the mortality rate materially lowered.

Many well meaning people sought to help with suggestions during the emergency, and some of their suggestions were given a trial. As early as August 12, a letter from "Key Weaver" informed the people that yellow fever was "killed out" in Key West the preceding summer by keeping tar and pitch fires burning throughout the city every night.[353] Not long afterward men were at work in Jacksonville kindling huge fires of pine and tar to purify the air at night. Another attack was made upon the disease by firing many cannon. The experiments of 1877 had not been convincing to the people, and many still believed that bacteria could be "concussed." In the meantime a general clean-up campaign was launched, lime was scattered broadcast, and disinfectants were used freely, but the epidemic only increased its already rapid tempo. Unfortunately, so far as is known, no concerted effort was made to destroy supplies of artificially stored water where thousands of mosquitoes doubtless were breeding. All outgoing mail from the city was thoroughly fumigated. Two stations, one near Waycross, Georgia, and the other at LaVilla in the suburbs of Jacksonville, dealt with an amazing amount of mail. The Waycross station alone is said to have distributed 2,500,000 pieces, each of which had to be handled four times. Despite

this precaution, the authorities at St. Augustine refused to accept mail matter from Jacksonville, and some other towns in the state would not allow merchandise of any kind to come into their communities from the infected area.

General F. E. Spinner, former Treasurer of the United States, who had for three years been living in retirement at Camp Caroline, his ocean front lodge at Pablo Beach (now Jacksonville Beach),[354, 355] wrote an amusing letter to a friend in the fall of 1888. So well does it illustrate not only the exasperation of some of the people over the fumigation of the mails but also several of the problems in and around Jacksonville during those trying months that it is reproduced here almost in its entirety:

Pablo Beach, Florida.
October 21st, 1888.

John J. Long, Esq.
Montpelier, Vermont.

My dear Sir:

Your very kind, and highly interesting letter of the 12th and 15th instant, came here on the evening before last, punched as full of holes as is your Donax sieve, and smelling of hellfire and brimstone.

We associate with all kinds of people who go up to the City every day, we buy our supplies that come from the city daily, and we receive and read two daily Jacksonville Newspapers. None of all of these are either punched full of holes nor have they fumes of fire and sulphur blown through them. And yet, now after twelve weeks of yellow fever in the City, we here are all free from it.—

But, now, let a clean letter come here from the pure air of the Green Mountains of Vermont, and the cursed fools at the fumigating station sieze it, punch it so that it is almost illegible, and then pump an unbearable stink into it.

If the fool killer has got through with killing democrats in Vermont, I wish you would send him to Jacksonville, he is sadly needed there.—

We had hoped that the yellow fever had lost its hold, as for the last three days before yesterday, the number of new cases had run down to 36—29—27, but yesterday they ran up to 50 again.—The weather here, for ten continuous days has been just perfect.—44 degrees being the lowest, and 82° the highest in all that time.— We improve this beautiful weather, by drives up & down our beautiful beach.— . . .

. . . Today, we will . . . dine . . . on venizon and wild turkey—we had sea trout and teal for breakfast. Game is very plenty, and we just live on it, and on Donax soup. The hunters fear to go to the City, so their game comes here. For several weeks we sent two pails of Donax soup to the City, every morning,— There is no end of the shells now, . . . and none tire of the soup.

I am writing this in that same place between the tents, where we used to sit and chat. I hope we may do so again ere long.—But, mind, you. dont you come here, or to Jacksonville, until after a hard frost.— Several have come back too soon and paid the penalty with their lives.

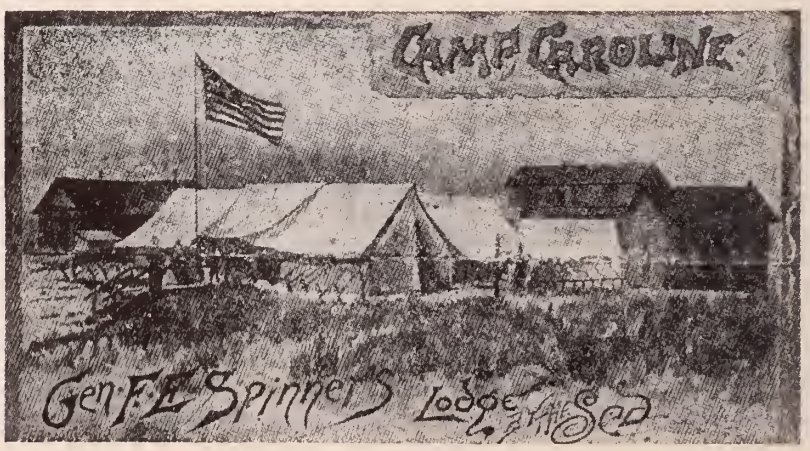
. . . Of all those who go to the City every morning, but return here at evening not one has been taken down with the fever.—

I agree with you, we are going to lick the rascals out of their boots—see if we don't.— Tender my love to Lizzie, and accept assurances of continued esteem for yourself from your friend.

Spinner[356]

By fall, Jacksonville had become indeed a desolate spot. A census compiled by a house to house canvas during early September showed that the population had been reduced to about 14,000, of whom only 4,000 were white. Later that month, during one week alone nearly 1,000 new cases of fever and 70 deaths were reported. Most of the people were entirely without resources. Stores and residences were deserted, business was utterly demoralized, and at night an uncanny stillness settled over the city, broken only by the occasional rattle of a death cart. Unless it was absolutely necessary, no one went out of doors between sunset and sunrise.

Finally it was decided to depopulate the city. In September the United States government had provided a train with free transportation from Jacksonville to Hendersonville, North Carolina,



one of several cities that welcomed yellow fever refugees, but the trip had proved to be a fiasco. Later in the fall camps of refuge were established near Jacksonville, and the people were urged to go there. The first, Camp Howard, built on Moncrief Creek, did not become popular, but Camp Mitchell, named for Dr. Neal Mitchell and located 7 miles west of the city, was ready for occupancy in October. About 400 persons were cared for, and only 1 death was reported there.

October proved to be the turning point of the epidemic. During the first week of that month there were nearly 500 new cases of fever and 37 deaths, while during the last week both new cases and deaths were reduced by a little over half. Likewise during the last week of October there was an appreciable decline in the number who needed aid.

On the night of November 25, the temperature fell to 32 degrees, and thereafter the epidemic was virtually at an end. Thanksgiving was not as happy an occasion in 1888 as it had been in 1877, however, for the city had suffered a much more devastating experience. Nearly 5,000 had contracted the disease, and more than 400 had died.* At the close of the epidemic the supplies which the Jacksonville Auxiliary Sanitary Association had on hand were distributed among local charitable institutions, and funds amounting to approximately $25,000 were deposited in local banks to be used for the aid of people who might suffer from similar disasters in the future.

December 15 was set as the date when the refugees were allowed to return, and on that day several hundred arrived home. On December 16, an editorial in a local paper stated that the returned refugees had been in town hardly an hour when "the Bay" (Bay Street) put on its old time air of life, and by nightfall the street scenes were indeed inspiriting. The editor voiced the general sentiment of the people when he wrote: "Jacksonville is good enough for us . . . We've seen them all and we're satisfied."[357]

* For exact numbers see The Florida Historical Quarterly, Margaret C. Fairlie, October, 1940.



The Mitchell Home

Recorder's Office.

Jacksonville, Fla., Oct 22 1888.

Dr Joseph Y. Porter, Agt.
United States Government
Medical Bureau.
City.

Dear Sir:- I have the honor to submit for your information the accompanying resolutions.

"Resolved. First- That for the public good we hereby forbid the coming of our absent fellow citizens, and all others into the City of Jacksonville until announcement has been made by Dr. J. Y. Porter, Government Agent, that they may come with safety.

"Second, That we hereby relinquish to Dr Joseph Y. Porter, as agent of the United States Government, all our power to act in the premises at his discretion until such time as he may announce it safe for persons to come into the city."

A true copy.
Attest:- E Higgins
Recorder
By [illegible]
Deputy.

CITY OF JACKSONVILLE FLORIDA

BIBLIOGRAPHY

332. Medical News, Washington, D. C., November 10, 1888. Report of Surgeon General J. B. Hamilton. The Army Medical Library.

333. Outline History of the Epidemic of Yellow Fever in Florida, J. B. Hamilton, M.D., Surgeon General, U. S. Marine Hosp. Service, Invited Guest, Transactions of the Medical Society of Virginia, 19th Session, October 23-26, 1888. Library of Mark F. Boyd, M.D.

334. The Florida Times-Union, Jacksonville, Florida, May 24, 1887. Florida Times-Union files.

335. Ibid., June 24, 1887.

336. Proceedings of the Florida Medical Association, Session of 1888. Library of tbe Florida Medical Association.

337. The Florida Weekly Times, Jacksonville, Florida, May 10 and 17, 1888. Florida Times-Union files.

338. Ibid., May 3, 1888.

339. The Florida Times-Union, Jacksonville, Florida, April 17 and 18, 1888. Florida Times-Union files.

340. Transactions of the Jacksonville Auxiliary Sanitary Association, 1889.

341. Looking Backward over Fifty Years of Health Work in Florida, Joseph Y. Porter, M.D. Reprinted from the Journal of the Florida Medical Association, July, 1925, to January, 1926.

342. The Florida Times-Union, Jacksonville, Florida, August 9, 1888. Florida Times-Union files.

343. Ibid., July 31, 1888.

344. Experiences in a Stricken City, Elibu Burritt, Jacksonville, Florida, 1888.

345. The Florida Times-Union, Jacksonville, Florida, August 1 and 2, 1888. Florida Times-Union files.

346. Ibid., August 10, 1888.

347. Ibid., August 11, 1888.

348. History of Jacksonville, Florida and Vicinity, T. Frederick Davis, 1925.

349. The Epidemic of Yellow Fever at Jacksonville, Florida in 1888, H. R. Stout, The North American Journal of Homeopathy, New York, vol. 5, 1890. The Army Medical Library.

350. The Scientific American, August 2, 1890. The Jacksonville Free Public Library.

351. The Florida Times-Union, September 27, 1888. Florida Times-Union files.

352. The Florida Historical Quarterly, Margaret C. Fairlie, vol. 19, no. 2, October, 1940.

353. The Florida Times-Union, August 12, 1888. Florida Times-Union files.

354. The Book of Jacksonville, Florida, S. Paul Brown, 1895.

355. The Pablo Beach Breeze, Pablo, Florida, June 2, 1888. Library of the Jacksonville Historical Society.

356. Letter to John J. Long, Esquire, Montpelier, Vermont, from General F. E. Spinner, Pablo Beach, Florida, October 21, 1888. Original letter furnished the author by Mrs. Cooper Gibbs, Jacksonville, Florida.

357. The Florida Times-Union, Jacksonville, Florida, December 16, 1888. Florida Times-Union files.

2033 Riverside Avenue.

MENTAL REPERCUSSION IN PHYSICAL DISEASE

A. S. ANDERSON, M.D.

ST. PETERSBURG

This is not a paper on psychiatry. It is merely a psychosomatic wondering about mental hazards of patients that occur in a doctor's practice when physical disease is encountered.

All doctors realize, but not sufficiently, the impact on the thinking and emotional life of a patient who has undergone the strain occasioned by a doctor's diagnosis or a doctor's remark. I say we do not realize it sufficiently, because nine times out of ten the doctor is all concerned about finding the cause of disease and not primarily interested in evaluating the effect on the patient's mind or emotions of the statement he is about to present.

Picture, if you will, a middle-aged man coming to a doctor's office with the following complaints: Last night he was awakened by a rather severe precordial oppression which radiated down his left arm, but which subsided after a few hours. He was disturbed about it and more so when the distress again recurred after breakfast. It was not so severe, he told his wife, that he could not go down to the doctor's office, and so he went there. The doctor's examination revealed a coronary occlusion. The man was so informed, and hospitalization with at least six weeks of bed rest was advised. He must also quit smoking and forget about his work for at least six months. These were the straight from the shoulder facts. There was no alternative; off to the hospital he went.

Now, what happened in that man's mind as he left the doctor's office? Here are some of his thoughts: "I'm all washed up. Never been sick a day in my life until this thing hit me. Just in line for a promotion at the office; now that's out. A wife and three children dependent upon me. The doctor said at least six months and that I'd have to be careful for the rest of my life. Well, who wants to hire a cripple?" These and many other dire thoughts flashed through his mind, driving out any attempts at constructive thinking. He was facing the end of a painful life, and there was not much sun in the sky that day.

One could elaborate on this man's mental and emotional repercussions, but enough has been

Read before the Pinellas County Medical Society, July 3, 1947.

said to point out the fact that his trouble was not all in the coronary artery. He was a thinking and responsible person who had the props of a good life knocked from under him. He was mentally and emotionally sick and worried.

After the patient had spent a restless night in spite of sedation, the doctor made his morning visit and examined him. What do you think the patient wanted most of all to hear? He wanted the doctor to say, "You are much better this morning. I don't think you will be disabled as long as I thought you would be." But what did he say? He said, "No change. This is a slow affair, and we don't expect any significant improvement for a few weeks at least. I'm going to give you some oxygen to help support the heart." Perfectly frank and honest statement, but not very comforting, and what this man needed right then was a bit of encouragement. What happened next in this man's mind? Something like this. "Oxygen? That's what they give to those about to die. I don't think the doctor has told me how serious my condition is." And thus goes the mental and emotional battle.

You can follow this man's progress along two lines: (1) good scientific treatment for his heart, supplemented by cold honest daily statement of facts; and (2) good scientific treatment for his heart, supplemented by explaining as carefuly as possible the nature of his ailment and offering a few well chosen bits of encouragement from time to time. Evaluate, if you will, the effect of these two different approaches on his state of mind and his future progress.

I have described at some length a man's reaction to a diagnosis of coronary disease. You may put in his place, however, a person suffering from any other ailment, minor or major, and trace in his mental processes the effect of your remarks. A woman once described to me her mental reactions to the remarks of her doctor who was examining her shortly before delivery. After examining her, he stated in a thinking aloud attitude, "I can't understand why this isn't making more progress. Maybe the head is too big." The statement was in no way intended to alarm the patient, but her reaction to it was this: "Maybe they'll have to do a cesarean. Maybe the child is deformed." She did not voice her fears to the doctor, so that he could have corrected the impression. She kept them to herself, and they haunted her until the child was born. At the time of delivery, she took one look at the infant's elongated head and not knowing that this was a normal postdelivery shape, but thinking it a monstrosity, she fell back in a faint. A few days later it was explained to her that there was no abnormality, and then a happy postpartum convalescence began.

I mentioned this case to emphasize the fears that can arise in a perfectly normal person through the inadvertent remark of an unsuspecting doctor. The gravity of these fears is greater than we realize. For days or weeks or months, they may cloud and clutter the mind and thus disturb the normal thinking mechanism of a normal mind.

I will mention my personal experience as an example of how physical disease frequently affects the serenity of one's mind. Years ago, I had pulmonary tuberculosis. While curing at the sanatorium, I came under the care of two good doctors. I liked them both. It is amusing now, however, to recall the different effect that each had on my wounded spirit. Each month there was a chest examination, and they would alternate in the examinations. Dr. X always found just a few apical rales, and I was doing fine. I left his office with a light heart and a better appetite. Dr. Y had the reputation of being perfectly frank and honest about one's condition and he always found more apical rales and otherwise no change in physical condition. I always left his office feeling definitely depressed, with no desire to pursue any constructive thinking. Although we later became close friends, I always wished he had given me more moral support and less of the cold facts that did not help me.

Have you placed yourself in the shoes of a convalescent patient who is recovering from a serious illness and who is about to take his first few steps? This is an important moment in this man's life. The physical weakness shocks him. Fears haunt him—maybe he will fall—perhaps a muscle will fail him. Something will go wrong. His biggest problem is not physical weakness—it is the fear of his physical weakness. Such a patient will be most grateful to you if you explain that it sometimes takes many weeks for the voluntary muscles to regain their strength and that the weakness is a natural sequence of prolonged bed rest and not a result of the physical disease.

Medicine has made wonderful strides in the treatment of physical disease. We are all using

the recent therapeutic agents every day, and it is not necessary to enumerate them. Through our dependence on the efficacy of specific therapy, however, we have become inclined to realize less and less the need of careful explanation and encouragement to the patient. I believe we are losing the art of medicine because we have been so excellently fortified by effective and specific drugs. One shot, one cure, so to speak, and we can be as rough and gruff as we please—the patient will get well. We are apt to become the middleman between the patient and the efficient ampule. That takes away a lot of the sporting element in the practice of medicine. When you are tarpon fishing and get a strike, you do not like to place your hands gently midway up the pole and let the guide at the end of the pole do all the hard and fancy maneuvering. There is not much sport in that for you. This is maybe too drastic an example for illustration, but I merely wanted to emphasize the danger of putting all dependence on the pill or potion and not enough on your psychologic need and ability in the doctor to patient relationship. So far, we have not invented a drug which can explain carefully to patients the nature of their illness and give them encouragement in their struggle. In the patient's mind, the doctor is still the one barrier between him and death.

In considering the need for the doctor to evaluate the mental or emotional effects of disease, I am reminded of Macbeth when he asked the doctor "Canst thou not minister to a mind diseased; pluck from the memory some rooted sorrow; raze out the written troubles of the mind and with some sweet oblivious antidote cleanse the stuffed bosom of that perilous stuff that weighs upon the heart?" The doctor answered, "Therein the patient must minister to himself." Said Macbeth, "Throw physic to the dogs; I'll have none of it!" This quotation is a real challenge to the medical profession. I am inclined to believe that with a wider appreciation and application of psychosomatic medicine by the medical profession, there will be more contented patients and less of a tendency to throw physic to the quacks.

812 Power and Light Building.

ABSTRACTS OF MEDICAL ARTICLES

EXOPHTHALMOS IN RELATION TO ORBITAL TUMORS; REPORT OF EIGHT CASES. BY S. B. FORBES, M.D. SOUTH M. J. 40:206-213 (MARCH) 1947.

Eight cases of unilateral exophthalmos caused by orbital tumors are reported. Four of the tumors were primary in the orbit, 3 had their origin outside the orbit, and 1 was apparently a pseudotumor. The tumors causing the proptosis were a lipoma, an extraorbital squamous cell carcinoma, a pyocele, a mucocele, a muscular hypertrophy or tumor associated with an exophthalmic goiter with two thyroidectomies, a true primary pseudotumor in all probability, and in two instances a cavernous hemangioma.

An original method of delivering a large hemangioma en masse is described, and the effectiveness of the use of the electric saw for resection of the bony wedge in the Kronlein operation is mentioned. Attention is directed to the possible diagnostic value of refractive change in selected cases of retrobulbar tumor and also to the difficulty of the approach to retrobulbar tumors located at the inner side of the orbit through a lateral orbitotomy.

SIGNS AND SYMPTOMS THAT SUGGEST SERIOUS LESIONS OF THE NERVOUS SYSTEM. BY W. TRACY HAVERFIELD, M.D. SOUTH. M. J. 40:252-254 (MARCH) 1947.

This article stresses the necessity of recognizing the early signs and symptoms of brain tumor occurring in the different locations of the brain. The general and local symptoms of this common affection of the nervous system are discussed. Since impairment of function of almost any portion of the central nervous system is accompanied by demonstrable manifestations, the importance of being cognizant of the possible significance of localized neurologic findings is pointed out. This knowledge makes possible the institution of special procedures which will establish the diagnosis long before the symptoms of increased intracranial pressure appear and at a time when the lesions are smaller and hence more easily removed, with the result that ultimately there is less permanent impairment of neurologic function. It is concluded that the mortality and morbidity rates in brain tumors can be further reduced by a more general appreciation of the necessity of an early diagnosis.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. MCEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. MCKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
C. FREDERIC ROCHE, M.D...D-48.....*Miami*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami Beach*
THOMAS W. TAYLOR, M.D ..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48.*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MAXEY DELL, JR., M.D...AL-48.....*Gainesville*
JOSEPH H. RUTTER, M.D...B-49.....*Daytona Beach*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES, M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahoochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D...AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51.....*DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48.*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
DUNCAN T. MCEWAN, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1947)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
LOUIS M. ORR, II, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1948)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D.....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents
John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945..... *Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

THE PEOPLE'S HEALTH

Passive maintenance of present health standards is not enough. Members of the medical profession, social reformers and the man in the street all agree that something should be done to improve the health of the population at large.

Government control on the one hand, which at first appeared to be pure bureaucratic medicine, and, on the other hand, strict adherence to the way the private practice of medicine always has been conducted are the two extremes. Can there be a compromise between statism and pure individualism? Will the general population benefit if a compromise can be reached?

The Wagner-Murray-Dingell bill, although supported by Dr. Thomas Parran, Surgeon General of the Public Health Service, is to many people's way of thinking an intolerable piece of bureaucracy. That bill would set up a national system of compulsory health insurance to finance medical services for a large portion of the population through a payroll tax, while the executive direction of the plan would be left to theorists. The individual could not have free selection of his own physician, and there would be less incentive for the average physician to perform outstanding work. The medical profession would be regimented.

Taking cognizance of these conspicuous faults in the Wagner-Murray-Dingell bill, Senator Robert A. Taft and confreres in January 1947 presented a bill to the Senate which has many merits. This measure, called the National Health Bill, recognizes that personal health is a public concern and that those who cannot afford decent medical attention should be helped to get it, but it contends that to be entitled to free care the individual should be certified as needing that care. It also holds that the local, not the federal, government is the proper agency to care for the needy and unfortunate. The bill would provide federal funds to aid the states in fulfilling their duty and also would make provision for research and inspection. Thus many of the objectionable features of the Wagner-Murray-Dingell bill are eliminated.

It is not socialized medicine that we wish to avoid; that is already here. Private hospitals, research foundations, medical clinics and health insurance plans are to some degree socialized medicine. The question is—do we want government medicine or private collective medicine on a voluntary basis? We think that the latter carries the basic fundamental working principles which are desirable and that improvement of function, not radical change of ideology, is indicated.

CANCER EDUCATION

The large investment of recent years in educating the public to recognize the early symptoms of cancer appears to be paying dividends. A recent study* indicates a tendency to seek medical attention sooner, but the greatest hindrance to success in the current drive against this dread disease remains in the period elapsing between the first symptoms and the beginning of treatment—"the time from first symptoms to first physician, from first physician to diagnosis and from diagnosis to therapy."

Because of the great strides in methods of diagnosing cancer and in surgical and radiation therapy, the means for reducing morbidity and mortality due to cancer are at hand, but to make them produce the desired results the individual physician, whether general practitioner, specialist, internist or surgeon, "must operate his own cancer detection clinic in his office and in his hospital service." In over 80 per cent of the 500 new cases studied at Memorial Hospital's internationally known cancer clinic in this survey a diagnosis of cancer could have been suspected or made by the initial physician if only a careful history and physical examination had been made. Too, in numerous instances, judging from the replies of the patients, it was evident that the initial physician had failed to impress the patient with the seriousness of the illness and the importance of dealing with it promptly.

While the public may not yet recognize that cancer is as much an emergency as a fracture and much more important to the patient's life, it nevertheless has grown gratifyingly cancer conscious. A recent Gallup poll shows that more Americans dread cancer than any other disease and that this dread is equally distributed throughout the population. Women, however, are more inclined to worry about it than men, and among the occupational groups manual workers are least likely to fear it.

In this most recent poll, the American Institute of Public Opinion found that almost 60 per cent of a national cross section of adults named cancer as the most dreaded disease, while only 5 per cent named cardiac disease, the country's number one killer, and 15 per cent named tuberculosis. Aside from the painful characteristics of cancer, much of the apprehension in the public mind arises from a firm belief that the disease in all of its forms is incurable. A poll two years ago indicated that some twenty million still cling to that old defeatist attitude, although the American Cancer Society has broadcast the information that one fourth of all cases are now being saved and about half could be saved if caught in time. As educational efforts progress, however, successive polls reveal an encouraging decline in the public's ignorance about this most dreaded disease.

* Leach, J. E., and Robbins, G. F.: Delay in Diagnosis of Cancer, J. A. M. A. 135:5-8 (Sept. 6) 1947.

CANCER SEMINAR

Of special interest to every doctor in this region and particularly to doctors of Florida is the cancer seminar being held in Jacksonville, November 12, 13 and 14, 1947 at the Roosevelt Hotel.

The speakers participating and their subjects are as follows:

1. Tumors of the Female Genital Tract, Dr. Emil Novak, Department of Gynecology, Johns Hopkins Hospital, Baltimore.
2. Tumors of the Gastrointestinal Tract, Dr. Samuel Marshall, Department of Surgery, Lahey Clinic, Boston.
3. Tumors of the Genito-urinary Tract, Dr. Archie Dean, Chief, Urological Service, Memorial Hospital for the Treatment of Cancer, New York City.
4. Tumors of the Breast and Lymphomas, Dr. Everett Sugarbaker, Sugarbaker Clinic, Jefferson City, Mo.
5. Mixed Tumors, Dr. George T. Pack, Attending Surgeon in Charge of Mixed Tumor Service, Memorial Hospital for the Treatment of Cancer, New York City.
6. Tumors of the Head and Neck, Dr. James Elliott Scarborough, Director, Winship Clinic for Cancer, Emory University Hospital, Atlanta, Ga.
7. Tumors of the Chest, Dr. Herbert Adams, Department of Surgery, Lahey Clinic, Boston.
8. Cancer Research, Dr. R. R. Spencer, Director, National Cancer Institute, Bethesda, Md.
9. Tumor Pathology, Dr. Everett L. Bishop, Chief Pathologist, Winship Clinic for Cancer; Department of Pathology, Emory University, Atlanta, Ga.

It can be seen from this roster that all aspects of cancer will be covered in the lectures and the course will be of importance and value to each physician attending no matter what his individual interests might be. The doctor will not only be brought abreast of the symptomatology and diagnosis, but will also be given a view into the advances which are being made in the management of malignant disease through research. Each speaker will be allotted a minimum of three hours in which to discuss his subject in sufficient detail to make the lectures really worth while.

It has been shown in recent surveys that the interval between the patient's first notice of his symptoms and his visit to the doctor has decreased steadily over the last five years. The interval between the doctor's initial examination of the patient and his diagnosis has, however, not changed appreciably. It is obvious, therefore, that lay education in cancer has advanced far beyond that of the medical profession and that vast improvements are in order within its ranks. This seminar is planned to meet this need.

All Florida physicians should have received a final detailed schedule of the program. Tremendous effort on the part of a large number of members of the Association and a considerable amount of money have been expended in securing speakers of national reputation.

An invitation to attend has been extended to doctors throughout the Southeast, but it is especially hoped that every physician of Florida will take advantage of this unusual opportunity. There will be no registration fee.

RESEARCH FELLOWSHIPS

The American College of Physicians announces that a limited number of Fellowships in Medicine will be available from July 1, 1948 to June 30, 1949. These fellowships are designed to provide an opportunity for research training either in the basic medical sciences or in the application of these sciences to clinical investigation. They are for the benefit of physicians who are in the early stages of their preparation for a teaching and investigative career in Internal Medicine.

The stipend will be from $2,200 to $3,000. Application forms may be obtained from The American College of Physicians, 4200 Pine Street, Philadelphia 4.

VISUAL AIDS IN MEDICAL EDUCATION

At the recent meeting of the American College of Surgeons demonstrations indicated that television may well compete with motion pictures as a means of teaching physicians of the future. Operations for the removal of the stomach, the gallbladder and the thyroid gland and for the repair of hernia were televised from an operating room at New York Hospital to a suite in a hotel more than twenty blocks away. The surgeons viewing the operations from the hotel suite could see the details as clearly as if they had been standing beside the operating table. Since only a few surgeons are able to get that good a view of an operation at close range, television gives promise of greatly extending the teaching value of the hospital clinic.

Also shown and enthusiastically received was a motion picture combining animation such as that used in animated cartoons with shots of the actual operation. In evaluating the practicability of these two teaching aids, primary considerations are the question of which has greater educational value for the medical student, the relative costs and such technical problems as securing a special television beam that cannot be picked up by other receiving antennas.

Obviously, the new medium of television also offers an important method of contact with the general public. Within the last year a number of television health educational programs with the indentifying title "Cavalcade of Medicine" have been presented from Chicago by the Bureau of Health Education, and this field has been rapidly widening during the last several months. When these programs were started, there were only five hundred television receiving sets operating in the Chicago area, and now there are approximately four thousand.

International television is predicted for the relatively near future, permitting Americans to look around the earth, from city to city and nation to nation, as easily as they now listen to global broadcasts. The scientific principles and means for worldwide television are already known, and the technicalities pose no problem money cannot solve. Another development promised soon by RCA is an ultrafax system, a radio mail service combining radio and television, which is capable of transmitting a book of five hundred pages in half a minute. These milestones of progress in visual aids will undoubtedly be used to good advantage in the dissemination of medical knowledge for student and public alike.

BOARD OF GOVERNORS' MEETING

A meeting of the Board of Governors was held at the George Washington Hotel in Jacksonville on September 21. Eight members of the Board attended the meeting which was called by Dr. Walter C. Payne, chairman.

The dates of the Seventy-Fourth Annual Convention at St. Augustine were confirmed for April 11, 12, 13 and 14, 1948. The Scientific Assemblies will include twelve papers instead of nine which were included on the program of the Seventy-Third Convention. Additional time also has been allowed for discussions of the papers. Applications to present scientific papers should be sent promptly to Dr. J. Rocher Chappell, Chairman of the Scientific Work Committee, 413 Florida Bank Building, Orlando.

In preparation for the 1949 annual meeting Dr. Stewart G. Thompson, Managing Director of the Association, checked facilities in Tampa on September 16 at the invitation of the Hillsborough County Medical Society. Dr. Robert B. McIver, Secretary of the Association, reported the findings to the Board. Additional time has been given to study the facilities in Tampa. A later invitation also has been received from the Pinellas County Medical Society to hold the 1949 annual convention at the Belleview-Biltmore Hotel in Belleair. Facilities were checked by Dr. Thompson and reported to the Board by Dr. McIver. Action has been deferred for further investigation of the Tampa setup.

At the last meeting of the House of Delegates a resolution was presented which recommended that Section 2, Chapter 7, of the By-Laws be amended to have the five members of the Board of Governors come preferably from the House elected by the House of Delegates, that no member of the Board of Governors sit in the House of Delegates and that members of the Board of Governors come preferably from the House of Delegates or be recent members of the House of Delegates. The resolution was to be studied further during the ensuing months, presented at the medical district meetings and referred back to the House of Delegates at the 1948 annual meeting. The Board of Governors disapproved the resolution and the President of the Association was requested to present the reasons for disapproval at the medical district meetings.

To date nineteen county societies have ratified the change in the Constitution which would provide that the election of officers be held in the House of Delegates instead of in the General Assembly. The ratifications of seven additional societies during the fiscal year are necessary before the procedure can be effective.

Dr. Shaler Richardson, with the assistance of Mr. Ernest R. Gibson, outlined the steps which were taken for the incorporation of the Florida Academy of Public Medicine. The Board recommended that the Academy be composed of active and sustaining members and that the county medical society representatives in the Association's House of Delegates, the officers of the State Association and the members of the Board of Governors become active members of the Academy. All other members of the Association are to be sustaining members of the Academy.

The Board provided that the balance shown in the Association's books for public relations, authorized by the last meeting of the House of Delegates, be transferred to the Academy so that it may proceed with the program. The Board also provided that as State Association dues are collected the $10.00 per member designated for public relations be transferred to the Academy until further notice.

Drs. Warren A. Brooks of Orlando, Thomas H. Dillard of DeLand, James H. Fellows of Pensacola, Tom Rogers Gammage of Miami, Henry Hanson of Jacksonville, and James A. Hardenbergh and Lester W. Horne of St. Petersburg were elected honorary members.

Board members attending the meeting were Drs. Walter C. Payne, Herbert L. Bryans, Duncan T. McEwan, David R. Murphey, Jr., Herbert E. White, Shaler Richardson, William C. Thomas and Robert B. McIver.

Those attending in an advisory capacity were Dr. J. Rocher Chappell, Dr. Turner Z Cason, Dr. Wilson T. Sowder, Stewart G. Thompson and Ernest R. Gibson.



FOR SALE: Jones Basal Metabolism, hospital size, like new. Hamilton walnut examining table, Schlaar suction and positive pressure. Sterilizers, scales, chairs, microscope, tonsillectomy outfit, other instruments. Many other articles. Dr. H. L. Senseman, 208 Hartford Avenue, Daytona Beach, Fla.



FOR SALE: Urologic practice, reasonable, 19 years old. Office fully equipped. Will introduce. Investigate immediately. Reason for selling, ill health. John E. Hall, M.D., Box 2722, Miami, Fla.

PUBLIC RELATIONS

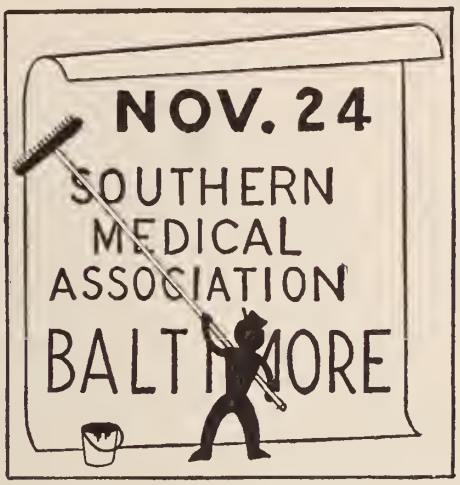
The Florida Academy of Public Medicine, Inc., has been officially designated as the agency through which certain public relations activities of the Florida Medical Association shall be handled. On September 21, the Board of Governors formally approved operation of certain public relations by this separate corporation. The Board also approved a proposed program submitted by the Directors of the Academy and authorized the processing of this program. The Academy has been duly chartered by the State of Florida and will operate under the provisions as set forth in its constitution and by-laws.

Membership in the organization is not necessarily restricted to members of the medical profession, but provision has been made to assure supervision and control by medical doctors. Currently, only physicians in good standing in the Association are on the roll. These fall into two classifications, active and sustaining. Active members are the officers, members of the Board of Governors, and members of the House of Delegates of the Association. All other members of the Association are sustaining.

Active members have the responsibility of governing the Academy, establishing policies and conducting such business matters as are essential. Only active members may vote, but those in a sustaining category have opportunity to voice their desires and opinions through the active membership.

It is the present plan of the Directors of the Academy to inaugurate a small scale program at the earliest date practicable. All phases will not necessarily be started simultaneously. Greater detail and groundwork are required for some parts of the program than others. More information concerning the current program will be forthcoming in later issues of The Journal. Briefly, the present plan comprises newspaper releases, a speakers' bureau, radio programs, a film catalog file and contact work. Contacts in the beginning must necessarily be primarily with newspaper editors and radio station officials. At the same time other portions of the general public and the members of the medical profession themselves cannot entirely be neglected.

It is the hope and desire of the Directors that county societies will familiarize themselves with the facilities of the Academy and make use of the services which are available. The success of this venture rests largely upon the extent to which local application of the program is made. It is equally true that only in this manner can county societies and local physicians receive the credit and publicity which are their just due.



AN OUTSTANDING MEDICAL MEETING — the Annual Meeting of the Southern Medical Association in Baltimore November 24-26. In the ten general clinical sessions by Baltimore physicians and surgeons, the twenty-one sections and the scientific and technical exhibits, every phase of medicine and surgery will be covered— **the last word in modern, practical, scientific medicine and surgery.** Addresses and papers by distinguished clinicians not only from the South, but from many parts of the United States.

REGARDLESS of what any physician may be interested in, regardless of how general or how limited his interest, there will be at Baltimore a scientific program and recreational facilities to challenge his every interest and make it worth-while for him to attend.

ALL MEMBERS of State and County medical societies in the South are cordially invited to attend. And all members of state and county medical societies in the South should be and can be members of the Southern Medical Association. The annual dues of $5.00 include the Southern Medical Journal, a journal valuable to physicians of the South, one that each should have on his reading table.

SOUTHERN MEDICAL ASSOCIATION
Empire Building
BIRMINGHAM 3, ALABAMA

STATE NEWS ITEMS

Twelve scientific papers will be presented at the Association's annual meeting to be held in St. Augustine in April, 1948. The Scientific Assembly has been enlarged from nine to twelve papers so that a broader program can be arranged.

The Assembly has been divided into three meetings of four papers each and additional time is being allowed for discussions.

The Scientific Work Committee is anxious to complete its program and urges that applications to present papers at the Scientific Assembly be submitted immediately. Essayists who wish to present papers at the 1948 meeting are requested to communicate without delay with Dr. J. Rocher Chappell, 413 Florida Bank Building, Orlando.

The appointment of a hospital advisory council authorized by the 1947 Legislature has been announced by Governor Millard Caldwell. The council will aid the State Board of Health in licensing and adopting rules and regulations for the operation of hospitals in the state.

Dr. Wilson T. Sowder, Jacksonville, has been appointed ex-officio chairman. Other appointees are W. E. Arnold, Jacksonville, for a term of one year; Dr. Harrison A. Walker, Miami, two years; L. B. Anderson, Winter Haven, and T. B. Smith, Quincy, three years; Dr. Walter C. Payne, Pensacola, and Oscar W. Gilbert, St. Petersburg, four years.

Dr. Irwin S. Leinbach, St. Petersburg, spoke recently before members of the Rotary Club. The guest speaker discussed orthopedics.

At the forty-eighth annual meeting of the American Roentgen Ray Society, held in Atlantic City in September, Dr. Joshua C. Dickinson of Tampa was elected first vice president.

The late Dr. Peter T. Skaggs, one of Miami's first two physicians, who died last year at the age of 77, is to be honored by the trustees of Jackson Memorial Hospital in Miami. They have decided to name a recently completed five story wing the Dr. P. T. Skaggs Memorial Building. Dr. Skaggs helped Dr. James M. Jackson found this city hospital and for twenty years served as its first chief of staff.

At the Palmer House in Chicago the sixth annual meeting of the American Academy of Dermatology and Syphilology will take place from Saturday December 6 through Thursday December 11, 1947. Special courses in histopathology and mycology are scheduled for December 6 and 7 at the medical schools of the University of Illinois and Northwestern University. Also offered are courses in roentgen and radium therapy, bacteriology of the skin, mucous membrane lesions, industrial dermatoses, specific granulomas, and dermatoscleroses. Teaching clinics will be held at the University of Illinois College of Medicine in Chicago on the afternoons of December 8, 9 and 10. In addition to lectures by distinguished physicians, there will be symposiums and round table discussions of wide interest.

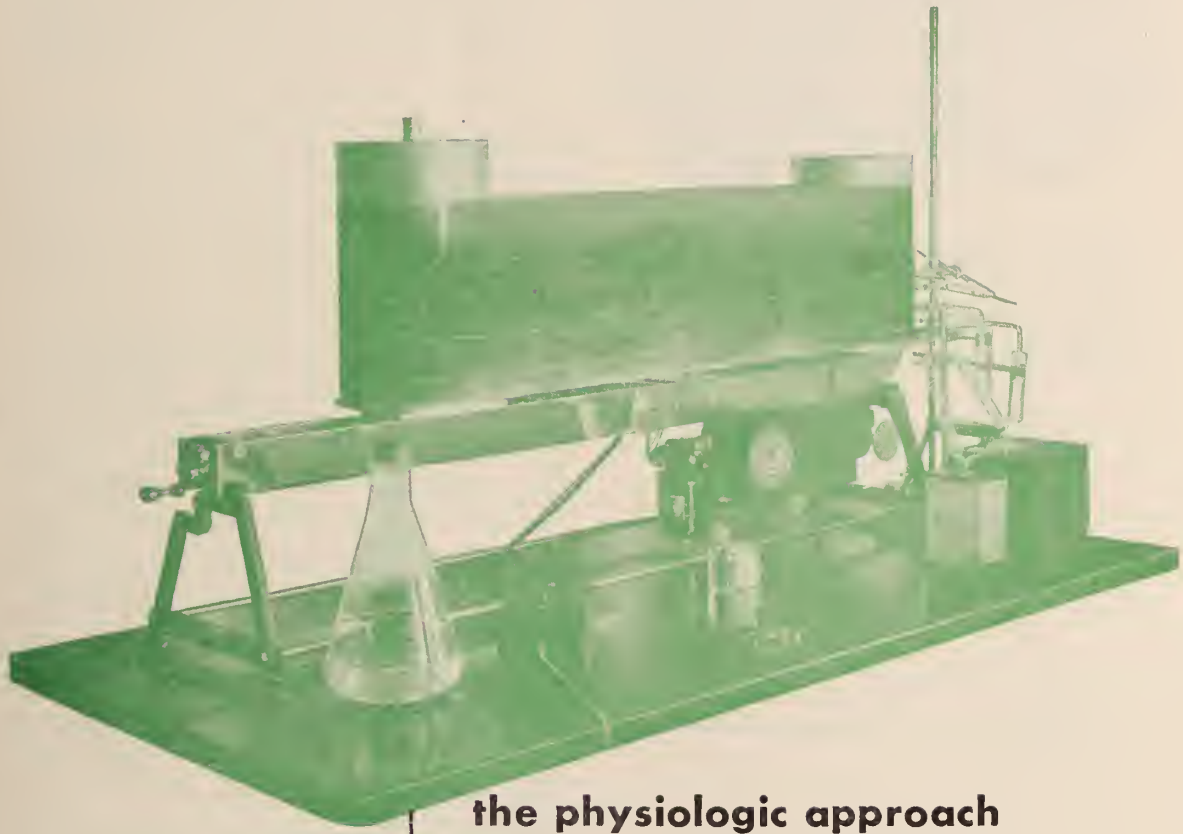
Fifty-three members of the Florida Medical Association were registered at the Clinical Congress of The American College of Surgeons which was held from September 8 to 12 in New York.

Members representing Florida included:

Drs. Charles R. Burbacher, Coral Gables; Alphonsus M. McCarthy, Daytona Beach; Hugh West, DeLand; Rabun H. Williams, Eustis; F. Leslie Snyder, Jr., Fort Lauderdale; Edwin H. Andrews and John E. Maines, Jr., Gainesville; Horace M. Anderson, F. Hardy Bowen, James M. Bryant, Edward Canipelli, Samuel M. Day, Jr., and Frederick J. Waas, Jacksonville; Morris H. Blau, Edward W. Cullipher, Richard M. Fleming, J. Raymond Graves, Joseph Lomax, Bascom H. Palmer, Donald W. Smith and Herbert W. Virgin, Jr., Miami; Herman Boughton, Miami Beach; Ralph E. Russell and Thos. H. Wallis, Ocala; Thomas C. Butt, James G. Economon, Frank D. Gray, Eugene L. Jewett, Duncan T. McEwan, William S. Mitchell, Don C. Robertson and A. Fred Turner, Jr., Orlando; Bailey B. Sory, Jr., Palm Beach; Luther C. Fisher, Jr., and Sidney G. Kennedy, Jr., Pensacola; Madison R. Pope, Plant City; Wade H. Garner, Sanford; Francis H. Langley, Daniel F. H. Murphey and Orville N. Nelson, St. Petersburg; Charles F. James, Jr., and James H. Pound, Tallahassee; Arthur R. Beyer, Leland F. Carlton, C. Frank Chunn, Herschel G. Cole, Oren A. Ellingson, John S. Helms, Jr., Linus W. Hewit and David R. Murphey, Jr., Tampa; S. Ward Fleming, West Palm Beach; William W. Hardman, Winter Haven; Ruth S. Jewett, Winter Park.

The Southeastern Surgical Congress which has its headquarters in Atlanta will hold its 1948 Assembly in Hollywood, Fla. The meeting will be held from April 5 to 8 at the Hollywood Beach Hotel.

Dr. F. Gordon King of Jacksonville who has completed postgraduate work at the Graduate Hospital of the University of Pennsylvania has opened his office at 241 West Ashley Street. Dr. King will limit his practice to general surgery.



the physiologic approach

to the correction of simple constipation involves the reeducation of the normal bowel reflexes.
Metamucil embraces the "smoothage" principle in constipation management.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

METAMUCIL

is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent.

Metamucil is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois.

SEARLE

Research in the Service of Medicine



The Diagnostic Family is Growing

A new member has been added to the ever-growing Ames Diagnostic Family. The name of the latest arrival is—Hematest.

Here are the 3 members of the group to date:

1. *Hematest*

Tablet method for rapid detection of occult blood in feces, urine and other body fluids. Bottles of 60 tablets supplied with filter paper.

2. *Albutest*

(*Formerly Albumintest*)

Tablet, *no heating* method for quick qualitative detection of albumin. Bottles of 36 and 100.

3. *Clinitest*

Tablet, *no heating* method of detection of urine-sugar.

Laboratory Outfit (No. 2108).

Plastic Pocket-size Set (No. 2106).

Clinitest Reagent Tablets (No. 2101) 12x 100's for laboratory and hospital use.

All products are ideally adapted to use by physicians, public health workers and in large laboratory operations.

Complete information upon request. Distributed through regular drug and medical supply channels only.

AMES COMPANY, Inc.
ELKHART, INDIANA

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Cecil C. Collins, Jr., Jacksonville, announce the birth of a son, Charles Francis, on Sept. 5, 1947.

Dr. and Mrs Jack Q. Cleveland, Coral Gables, announce the birth of a daughter, Lyn, on Aug. 11, 1947.

DEATHS—MEMBERS

Dr. J. Pitt Tomlinson, Lake Wales	Sept. 7, 1947
Dr. Eustace Long, Madison	Sept. 8, 1947
Dr. Andre A. Cueto, Fort Lauderdale	Sept. 19, 1947

DEATHS—OTHER DOCTORS

Dr. Edward J. Overstreet, Baxley, Ga.	June 1, 1947

NATIONAL STUDY OF CONGENITAL MALFORMATIONS AND MATERNAL INFECTION

In an effort to collect more precise data on the relationships between certain maternal infections and congenital malformations, a nationwide study is being sponsored by the American Academy of Pediatrics and the National Society for the Prevention of Blindness. Questionnaires are being sent to obstetricians, ophthalmologists and pediatricians, seeking the reporting of cases of German measles in expectant mothers and of children with congenital defects that might be attributed to other infections in the expectant mother, such as measles, chicken pox, mumps and influenza.

Although an association has been established between the occurrence of German measles early in pregnancy and certain congenital defects in the offspring, information is lacking as to the frequency with which this happens and as to the possible influence of other communicable diseases that might have been contracted by the expectant mother.

Data will be studied by the following committee: Herbert C. Miller, M.D., Professor of Pediatrics, University of Kansas Hospitals, Kansas City, Kan.; Stewart Clifford, M.D., and Clement A. Smith, M.D., both of Boston; Josef Warkany, M.D., of Cincinnati; James Wilson, M.D., of Ann Arbor, Mich.; and Herman Yannet, M.D., of Southbury, Conn. Physicians knowing of cases are urged to register them with Dr. Miller, chairman of the committee.

MEDICAL OFFICERS RETURNED

Dr. Ralph F. Allen, who entered military service on May 11, 1942, received his discharge on July 22, 1947. His address is 831 N. W. 12th Street, Miami. He held the rank of Lieutenant Commander.

Dr. W. Dean Steward, who entered military service on Oct. 7, 1940, received his discharge on Feb. 4, 1946. His address is 314 American Building, Orlando. He held the rank of Major.

Dr. John P. Ferrell, who entered military service on July 16, 1942, received his discharge on Aug. 4, 1947. His address is 166 4th Avenue N. E., St. Petersburg. He held the rank of Lieutenant.

Dr. Vincent P. Corso, who entered military service on Jan. 4, 1945, received his discharge on Dec. 12, 1946. His address is 2294 Coral Way, Miami. He held the rank of Captain.

COMPONENT COUNTY SOCIETIES

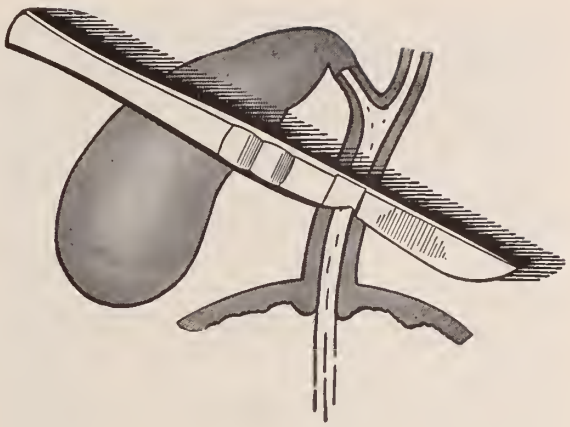
PINELLAS

Dr. Harrison G. Palmer returned to St. Petersburg in mid-September after spending two and one-half months attending clinics in the North and vacationing in Northern Michigan and at his summer home on Lake Erie.

PASCO-HERNANDO-CITRUS

At the meeting of the Pasco-Hernando-Citrus County Medical Society on Sept. 11, 1947, the many phases of service of the Florida Medical Service Corporation were discussed. There was also interesting discussion on other topics including larva migrans, typhus and carcinoma of the rectum.

The members were entertained at a steak supper by Dr. and Mrs. S. Carnes Harvard at their home in Brooksville. Those present were Drs. John T. Bradshaw, Porter J. Hudson, William G. Mason, George R. Creekmore, S. Carnes Harvard, Donald G. Bradshaw, William H. Walters and W. Wardlaw Jones. Dr. William H. Garvin, Jr., of Dunnellon was a guest.



Surgical Principle Accomplished Medically

Drainage in the presence of infection or congestion is a sound surgical principle.

In chronic inflammatory conditions of the bile passages without stones, drainage is accomplished by increasing the production and flow of free-flowing, low viscosity bile, employing Decholin for its hydrocholeretic action.

Decholin (dehydrocholic acid) stimulates the production of thin bile by the liver cells, with a resultant cleansing action on the entire biliary tract.

Decholin

REG. U.S. PAT. OFF.

Decholin is supplied in boxes of 25, 100, 500 and 1000 3¼ gr. tablets.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY

AMES COMPANY, Inc.

Successors to Riedel-de Haen, Inc.

ELKHART, INDIANA



"Chronic Cardiac Disease rarely develops in the presence of good body mechanics"*

Goldthwait, et al,* found that even when the disease had developed, the correction of faulty mechanics helped greatly "in reducing the peripheral load, in lessening cardiac strain, and in increasing the patient's usefulness."

We invite the physician's investigation of Spencer Individual Designing as adjunct to corrective treatment of body mechanics. A Spencer automatically induces better posture, thereby favorably influencing neuromusculoskeletal performance.

Each Spencer is specifically designed, cut, and made for each individual patient—based on a description of the patient's body and posture and detailed measurements. That is why Spencer Individual Designing is therapeutically more effective.

For information about Spencer Supports, telephone your local "Spencer corsetiere" or "Spencer Support Shop", or send coupon below.

*Goldthwait, J. E., Brown, L. Y., Swaim, L. T., and Kuhns, J. G., *Body Mechanics in Health and Disease*, 103-105, J. B. Lippincott Co., Philadelphia, 1937.

SPENCER, INCORPORATED,
129 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

Name ..... M.D.

Street .....

City & State R-11-47

SPENCER *INDIVIDUALLY DESIGNED* SUPPORTS
®
FOR ABDOMEN, BACK AND BREASTS

J.K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLIGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

For Better Patient-Doctor Cooperation . . .

Put HYGEIA *in your waiting room*



HYGEIA THE HEALTH MAGAZINE

- explodes health superstition
- exposes quack medical practices
- discourages self-medication

Your patients will benefit by reading Hygeia.
Send for a copy now —$2.50 per year.

AMERICAN MEDICAL ASSN., 535 N. Dearborn St., Chicago 10

Yes, send me

☐ a free copy of HYGEIA
☐ a year's subscription, $2.50 (Bill later)

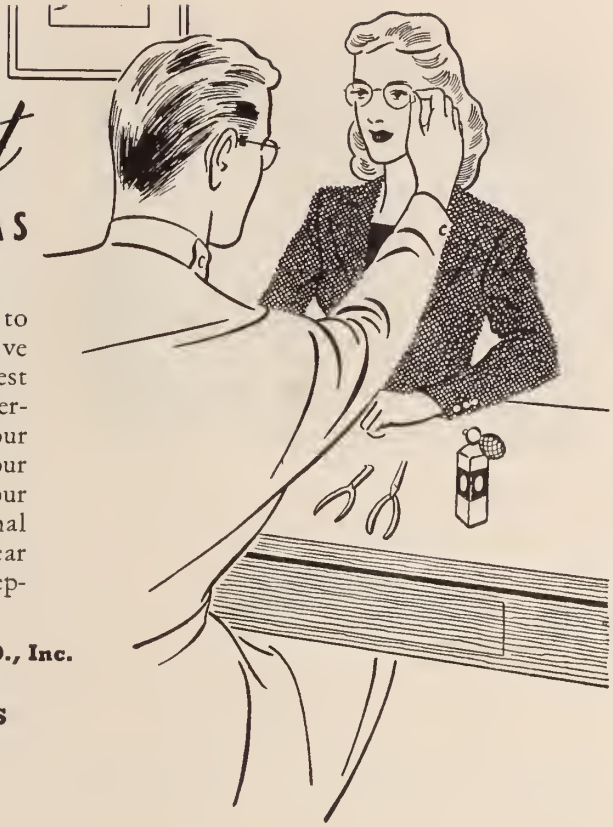
Dr. .....
Address .....
City ..... State .....

PATRONIZE JOURNAL ADVERTISERS

THOSE
Important
EXTRAS

When you use our laboratories to fill your prescriptions, you receive extra advantages. We use the finest materials—Bausch & Lomb leadership quality. At every phase of our modern finishing process, your work is inspected to meet our rigid control standards. The final product—your patients' eyewear—must be worthy of your reputation—and ours.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of
BAUSCH & LOMB PRODUCTS





THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

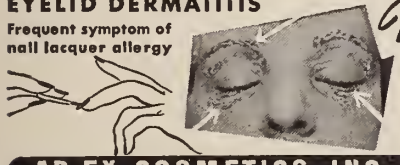
NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY
AR-EX
Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable



HOYE'S SANITARIUM

"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.
Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.
Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.
Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the
American Psychiatric Association

MIAMI RETREAT SANATORIUM

FOUNDED 1927
For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites
79TH STREET AT MIAMI AVENUE
MIAMI 38, FLORIDA
Phone 7-1824

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting November 17 and December 1.
Four Weeks Course in General Surgery starting November 3.
Two Weeks Surgical Anatomy & Clinical Surgery starting November 17.
Two Weeks Surgical Pathology every two weeks.

DERMATOLOGY & SYPHILOLOGY—Two Weeks Clinical Course every two weeks.

ROENTGENOLOGY—Course I available the first Monday of every month.
Course II available the third Monday of every month.

CYSTOSCOPY—Ten Day Course in Cystoscopy December 1.

PEDIATRICS—Clinical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 1948
Florida Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
A-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Panama City, Oct. 27, 1947
B-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	St. Augustine, Nov. 1, 1947
C-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Lakeland, Oct. 29, 1947
D-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	Fort Pierce, Oct. 30, 1947
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	Baltimore, Nov. 24-26, 1947
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Mobile, Apr. 15, 16, 17, 1948
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Academy of Medicine	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
Section, Am. College Phys.	William C. Blake, Tampa	Scheffel H. Wright, Miami	Tampa, Dec. 8, 9, 1947
Basic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, Nov. 1, 1947
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
Health Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
Hospital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Industrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, Nov. 25-26, 1947
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	St. Augustine
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
Public Health Association	Frank V. Chappell, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
Radiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Hollywood, Apr. 5-8, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		13	100%	
	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	56	54	A-1-48 Wm. C. Roberts, M.D. Panama City
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	6	
	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	16	14	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallabassee	Quarterly 7:30 P.M.	43	42	A-2-49 Irby H. Black, M.D. Live Oak
	Madison-Suwannee	Joshua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		9	100%	
	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	176
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Wednesday 7:30 P.M.	32	29	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	221	213	
	Marion .Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	30	100%	
	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	100%	
	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. R. Cafaro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	100%	
	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	13	B-4-49 Rabun H. Williams, M.D. Eustis
	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	23	20	
	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	124	122	
	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	52	50	541
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	134	100%	
	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	16	100%	C-5-49 John M. Butcher, M.D. Sarasota
	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	100%	
	Pinellas	M. Eldridge Black 311 Coachman Bldg. Clearwater	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	149	10	
	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrill Apts. Sarasota	2nd Tuesday 8:30 P.M.	24	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Waucbula	2nd Tuesday 8:00 P.M.	21	100%	
	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Rm. 2-3, Darling Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	19	C-6-48 James R. Boulware, Jr., M.D. Lakeland
	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 7:00 P.M.	74	71	451
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	84	80	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Tbursday 8:00 P.M.	19	100%	
	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. First National Bank Bldg. Hollywood	4tb Tuesday 8:00 P.M.	58	55	D-8-49 Russell B Carson, M.D. Ft. Lauderdale
	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	429	418	
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	9	100%	599

*Supervise and aid until organized separately.

Total 1,767

"don't smoke"...

IS ADVICE HARD FOR PATIENTS TO SWALLOW!

May we suggest, instead, *SMOKE "PHILIP MORRIS"?* Tests* showed 3 out of every 4 cases of smokers' cough cleared on changing to PHILIP MORRIS. Why not observe the results for yourself?

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.
MEAD'S Oleum Percomorphum furnishes 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10- and 50cc. bottles; also available in bottles of 50 and 250 capsules. Ethically marketed.

MEAD JOHNSON & COMPANY, Evansville 21, Ind., U.S.A.

OF MEDICINE
DEC 15 1947

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV DECEMBER, 1947 No. 6

IN THIS ISSUE

Clinical Value of Gastroscopy
H. Phillip Hampton

Penicillin-Treated Syphilis
R. F. Sondag

Surgical Relief of Pain
James G. Lyerly

Endobronchial Tuberculosis
Nathaniel M. Levin

Highlights of Medicine
Nurses' Training
Editorials

(Complete Table of Contents on Page 312)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

SYMBOLS OF SIGNIFICANCE

A freer life--a fuller life

DILANTIN SODIUM



Every epileptic seizure takes its toll—psychically and somatically. Mental deterioration, extreme emotional instability and physical decline are generally the ultimate fate of the untreated.

DILANTIN SODIUM KAPSEALS, by effective anti-convulsant action with comparatively little hypnotic effect, help grant the epileptic a happier life—freer from attacks and from the *fear* of attacks.

DILANTIN SODIUM KAPSEALS are one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics–MEDICAMENTA VERA.

DILANTIN SODIUM KAPSEALS
(diphenylhydantoin sodium), containing 0.03 gm. (1/2 grain) and 0.1 gm. (1-1/2 grains), are supplied in bottles of 100 and 1000.
Individual dosage is determined by the response of the patient.



PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at Jacksonville, Florida

Price $5.00 a year. Single numbers, 50 cents

This Journal is not responsible for the opinions and statements of its contributors

Address Journal of the Florida Medical Association,
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Fla. Telephone 5-0577

Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924

TABLE OF CONTENTS

	PAGE
The Clinical Value of Gastroscopy, H. Phillip Hampton, M.D., Tampa	331
The Significance of Quantitative Serologic Tests as a Guide in Penicillin-Treated Syphilis, R. F. Sondag, M.D., Jacksonville	332
The Surgical Relief of Pain, J. G. Lyerly, M.D., Jacksonville	339
Cancer of the Breast, A. T. Kennedy, M.D., and Edward Jelks, M.D., Jacksonville	343
Diagnosis of Endobronchial Tuberculosis, Nathaniel M. Levin, M.D., Miami	346
Abstract of Medical Article	347
Officers and Committees of F.M.A.	348
Editorials: Highlights of Medicine, 1847-1947; Atomic Energy in Peacetime Pursuits; How Should Nurses Be Trained?; Legislative Committee Chairman Resigns	349
A.M.A. Requests Information	350
CARE Christmas Plan	352
Buy Christmas Seals	352
Midwinter Seminar in Otolaryngology and Ophthalmology	352
Public Relations	353
Florida Legislature	353
State News Items	355
Births, Deaths and Marriages	358
Medical Officers Returned	358
Component County Societies	358
Schedule of Meetings	361
List of County Medical Societies, Presidents and Secretaries	362

THE TUCKER HOSPITAL, *Incorporated*

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

To | Oral Effectiveness and High Potency



ADD...a "plus"

An increasing number of investigators are commenting on the general "sense of well-being" which is usually experienced by menopausal patients following "Premarin" administration. This is a "plus" in therapy which is most gratifying to the woman crossing the threshold of the climacteric.

"Premarin" is supplied as follows:
Tablets of 2.5 mg. . . . . bottles of 20 and 100
Tablets of 1.25 mg. . . . . bottles of 20, 100 and 1000
Tablets of 0.625 mg. . . . . bottles of 100 and 1000
Liquid, containing 0.625 mg. in each 4 cc. (1 teaspoonfull . . . bottles of 120 cc.

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens ...estradiol, equilin, equilenin, hippulin...are also present in varying small amounts, probably as water-soluble sulfates. The water salubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

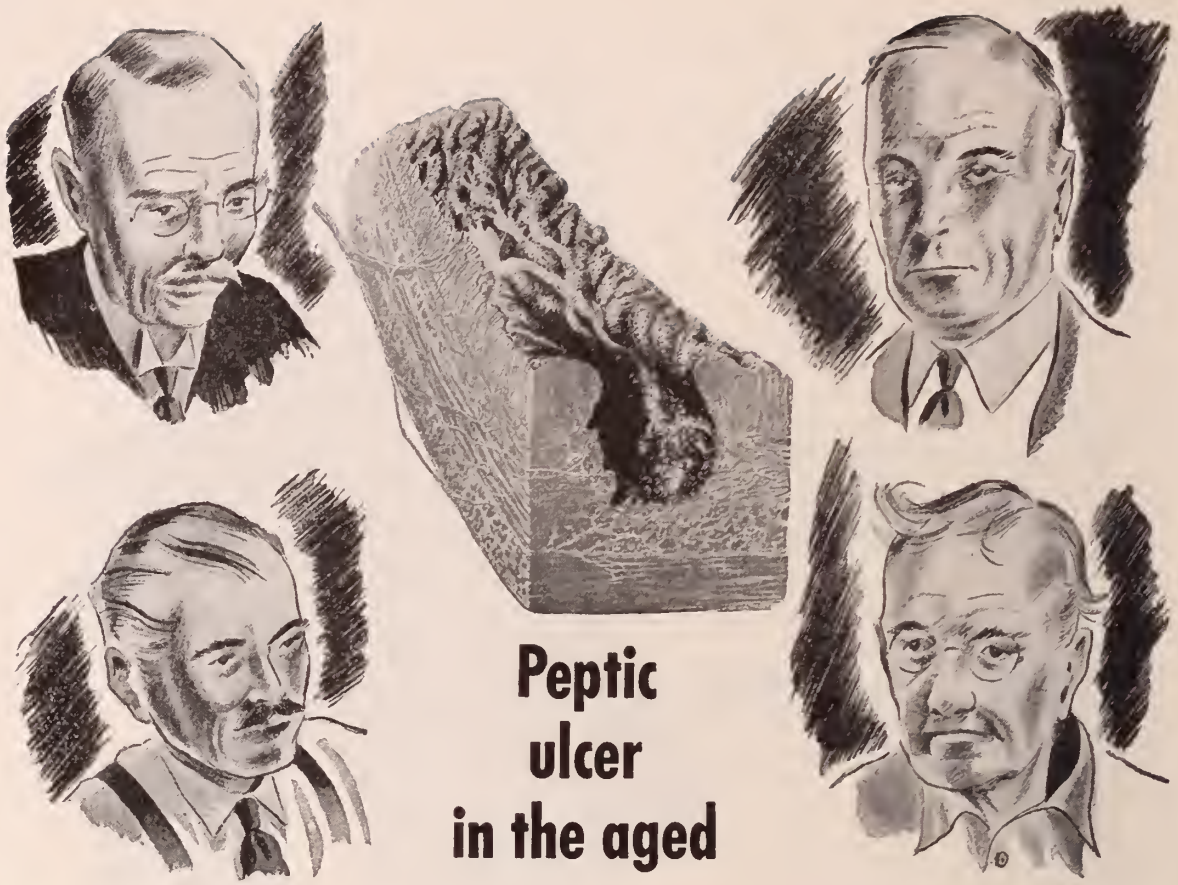
Ayerst

CONJUGATED ESTROGENS (equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40TH STREET, NEW YORK 16, N. Y.



Peptic ulcer in the aged

Recent statistics indicate that more than 10 per cent of all peptic ulcers occur in persons past the age of 60. Except for a greater tendency to bleed, ulcers in the aged are no different from those in younger persons and require essentially the same therapeutic program of rest, diet and acid neutralization.

Creamalin, the *first* aluminum hydroxide gel, readily and safely produces sustained reduction in gastric acidity. With Creamalin there is no compensatory reaction by the gastric mucosa, no acid "rebound," and no risk of alkalosis. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it rapidly relieves gastric pain and heartburn, and helps in the healing of peptic ulcers as well as in the prevention of a recurrence.

Creamalin®

***First* Brand of Aluminum Hydroxide Gel**

Supplied in 8 fl. oz., 12 fl. oz. and 16 fl. oz. bottles

Winthrop-Stearns INC.

NEW YORK 13, N. Y. WINDSOR, ONT.

The businesses formerly conducted by Winthrop Chemical Co., Inc. and Frederick Stearns & Co. are now owned by Winthrop-Stearns Inc.

The EDGEWOOD . . .



A Distinctive Southern Sanitarium Fully Equipped for Complete Diagnosis and Treatment of Nervous and Mental Disorders . . . in An Atmosphere of Congenial Friendliness and Quiet Charm.

The Edgewood offers all approved therapeutic aids; complete bath departments; supervised individual physical rehabilitation programs. Living accommodations are private and comfortable. Recreational facilities excellent. Full time psychiatrists and adequate nurses and psychiatric aides assure individual care and treatment. More detailed information on request.

Psychiatrist-In-Charge ORIN R. YOST, M.D.

AIKEN *The* EDGEWOOD SOUTH CAROLINA



FOR BETTER NUTRITIONAL HEALTH IN THE AGED

Impaired strength and poor general health in the aged, which have so erroneously become associated with senility, are in reality often due to no more than a state of subnutrition. Food dislikes, personal idiosyncrasies, masticatory difficulties, and digestive abnormalities are the usual contributing factors. The use of an easily digested, nutritious food supplement can do much in preventing these nutritional deficiencies, and in giving new strength and vigor to patients well advanced in years.

The delicious food drink made by mixing Ovaltine with milk is advantageously employed in augmenting the nutrient intake of the aged. This well rounded dietary supplement imposes no digestive burdens, and provides in generous amounts the very nutrients needed. Because of its low curd tension, it leaves the stomach quickly, and is easily digested. The table indicates its rational nutritional composition. Two or three glassfuls daily bring to full nutritional acceptability even a fair diet.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

Formulac—

a modern

infant food



FORMULAC Infant Food is a concentrated milk in liquid form, fortified with all vitamins known to be necessary to adequate infant nutrition. No supplementary vitamin administration is required.

By incorporating the vitamins into the milk itself, the risk of human error or oversight is reduced. FORMULAC contains sufficient B complex, Vitamin C in stabilized form, Vitamin D (800 U.S.P. units), copper, manganese and easily assimilated ferric lactate—rendering it a flexible formula basis both for normal and difficult feeding cases. The only carbohydrate in FORMULAC is the natural lactose found in cow's milk. *No carbohydrate has been added.*

FORMULAC, a product of National Dairy research, has been tested clinically, and proved satisfactory. It is promoted to the medical profession alone. FORMULAC is on sale at grocery and drug stores nationally.

• For further information about FORMULAC, and for professional samples, mail a card to National Dairy Products Company, Inc., 230 Park Avenue, New York 17, N. Y.



Distributed by **KRAFT FOODS COMPANY**

NATIONAL DAIRY PRODUCTS COMPANY, INC.

NEW YORK, N. Y.

For Hospital, Physicians and Lab Equipment

Call THE BYRON THOMPSON MAN

YOU have problems. It's our business to help you solve them. So, when you need supplies, equipment or service, make it a rule to call the Byron Thompson Man. Here's why . . .

We've got it in stock! We are distributors for some 400 leading manufacturers of medical, surgical and institutional supplies and equipment, excepting diet and business office. As such, we stock nearly 15,000 items. It's to your advantage to call the Byron Thompson Man instead of trying to build up your own stocks of these items.

We can supply it right now! By using our service, you solve the problem of locating your own sources of supply. There's no delay. We can make emergency deliveries at any time — day or night! It'll save you untold time, considerable money and any amount of grief, if you just make it a practice to call the Byron Thompson Man.

We can service it quickly and expertly! No matter how good a piece of equipment is — it's no use to you unless it is working properly. And things have a habit of getting out of whack at just the wrong time. We maintain a staff second to none in technical knowledge and skillful workmanship to service equipment day and night. So . . .

Call The Byron Thompson Man for Service, too!

Byron Thompson & Company

INCORPORATED

ESSENTIALS FOR SCIENTIFIC PROGRESS

DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE • MIAMI • ORLANDO

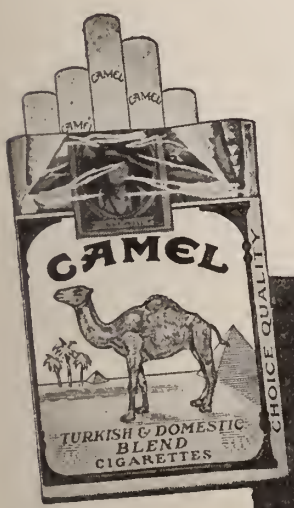
Experience is the Best Teacher



Thomas Addison
(1793-1860)
proved it in Clinical Medicine

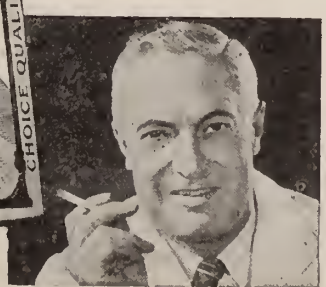
Addison's clinical experience supported by continued research and a careful collection of cases led to his greatest discovery: the distinction between two types of anemia—pernicious in which there is no organic lesion, and the anemia in which the suprarenal capsules are diseased. The latter type of anemia is still known as Addison's disease.

Yes! And experience is the best teacher in smoking, too!



DURING the wartime cigarette shortage, people smoked—and compared—many different brands . . . any brand they could get. That's when so many people learned the big differences in cigarette quality. And, out of that experience, more and more smokers found that Camels suit them best. As a result, ***more people are smoking Camels than ever before!***

Try Camels! Let your "T-Zone"—your taste and throat—tell you why, with millions who have tried and compared, Camels are the "choice of experience."



According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

Three nationally known independent research organizations asked 113,597 doctors—in every branch of medicine—to name the cigarette they smoked. *More doctors named Camel than any other brand.*

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.



DESIGN

CAMP design is dedicated to meeting the physiological, surgical and maternity needs of the patient with the utmost in comfort and aesthetic appeal. Each specific design is further refined for the variety made necessary by the multiplicity of body builds and figure irregularities. The unique CAMP adjustment feature establishes a firm foundation about the pelvis as an "engineering" base for the distribution of regulated support. This makes it easy for the fitter to follow with precision the physician's recommendations for indicated firmness about the pelvis and controlled support of the abdomen, spinal column and gluteal region without pressure or compression.

CAMP ANATOMICAL SUPPORTS

Camp Anatomical Supports have met the exacting test of the profession for four decades. Prescribed and recommended in many types for prenatal, postnatal, postoperative, pendulous abdomen, visceroptosis, nephroptosis, hernia, orthopedic and other conditions. If you do not have a copy of the Camp "Reference Book for Physicians and Surgeons", it will be sent upon request.

S. H. CAMP & COMPANY • Jackson, Michigan • *World's Largest Manufacturers of Scientific Supports* • *Offices in* CHICAGO NEW YORK • WINDSOR, ONTARIO • LONDON, ENGLAND



PRIVINE

(brand of naphazaline) Trade Mark Reg. U. S. Pat. Off.

PROMPT, LONG-LASTING VASOCONSTRICTION

Privine hydrochloride promptly shrinks congested nasal mucous membranes, inducing vasoconstriction which lasts for several hours. Only three drops in each nostril t.i.d. are usually sufficient. Other important qualities which have gained for Privine its prominent position in the field of nasal therapy are: pH of 6.2 to 6.3; aqueous, isotonic solution; non-injurious to nasal mucous membrane; minimal side reactions. Furnished as solution in dilutions of 0.05 and 0.1 per cent, and as jelly in 0.05 per cent concentration.

Accepted for inclusion in 

New and Non-Official Remedies

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

2/1217

PYRIBENZAMINE

(brand of tripelennamine) Trade Mark Reg. U. S. Pat. Off.

NOW READILY AVAILABLE

Whenever antihistaminics



are indicated

Atopic dermatitis—flexural eczema. Pyribenzamine relieves itching in acute and chranic eczema in a substantial number af cases.

In its comparatively low frequency of side reactions, permitting larger doses where needed, Pyribenzamine offers important therapeutic advantages whenever antihistaminic medication is indicated. This new product of Ciba research is characterized by its capacity to counteract many of the effects of histamine. It prevents and controls certain allergic manifestations believed to be caused wholly or in part by release of histamine. Its action is palliative, not curative.

In the suggested list of indications below, Pyribenzamine has been used advantageously by many clinical investigators.

Chronic Urticaria • Acute Urticaria • Dermographism • Angioneurotic Edema
Hay Fever • Vasomotor Rhinitis • Atopic Dermatitis • Serum Reactions • Asthma
Urticarial Food and Drug Reactions

Detailed information and samples of Pyribenzamine can be obtained by writing the Professional Service Division

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing



From where I sit
by Joe Marsh

Ma Hoskins Sneezed at Cats!

Ma Hoskins couldn't quite understand why she got a fit of sneezing every single time Harpo, the cat, came in the room. Finally figured she'd have to get rid of Harpo altogether.

Then Doc Hollister explained she had an "allergy." Cat's fur made her sneeze—just like strawberries give some folks rash. He gave her an inoculation so that she and Harpo could live sneezelessly together.

I guess a lot of us have "allergies" in the social sense. Some folks just can't stand movies, or radio comedians. Other folks don't go for beer. Myself, I enjoy a moderate glass of beer or two with friends . . . but it's up to them what beverage they choose.

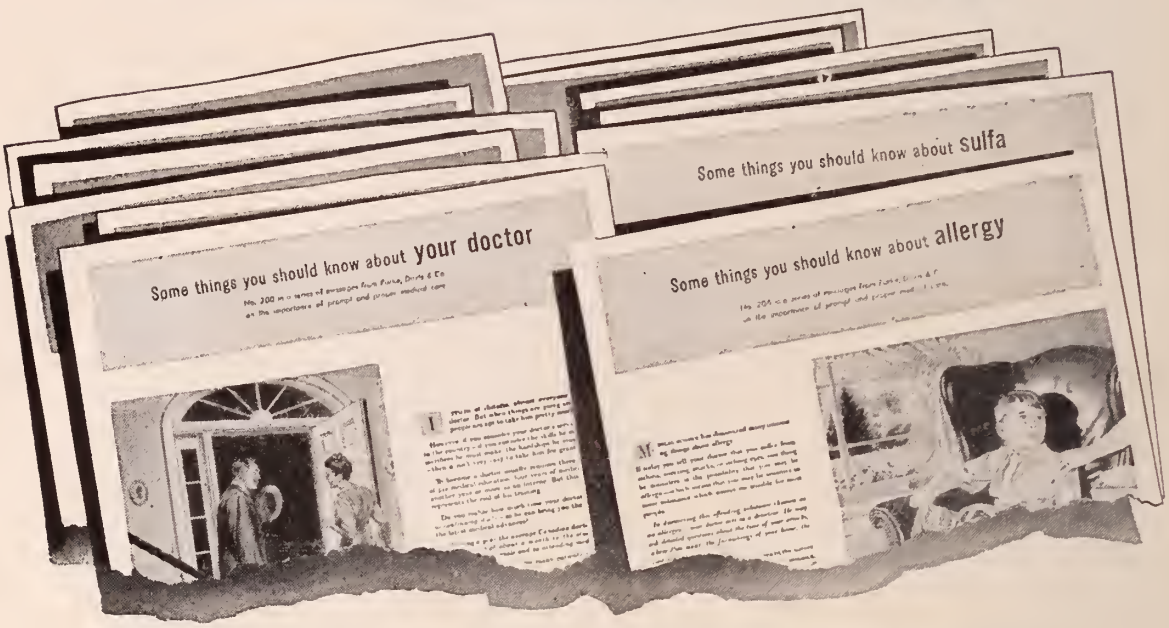
From where I sit, the important thing is not to let our social allergies result in antisocial taboos. Let's not criticize the fellow who likes beer if we like cider. A little inoculation of tolerance can help us live-and-let-live happily together.

Joe Marsh

Copyright, 1947, United States Brewers Foundation

"See Your Doctor"

A Continuing educational campaign

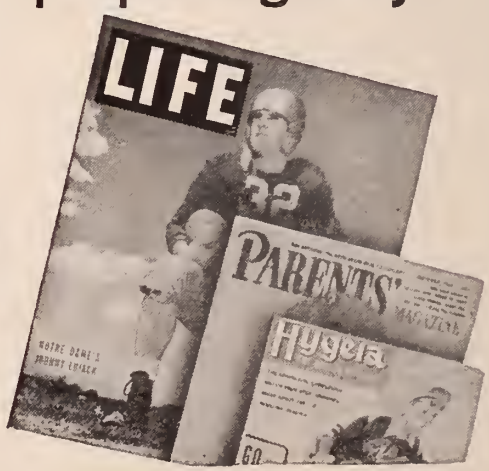


.....in behalf of the medical profession

208 full-page advertisements have appeared to date.
All stressing the importance of prompt and proper medical care. All urging the public to "See Your Doctor."

.....reaching 23 million people regularly

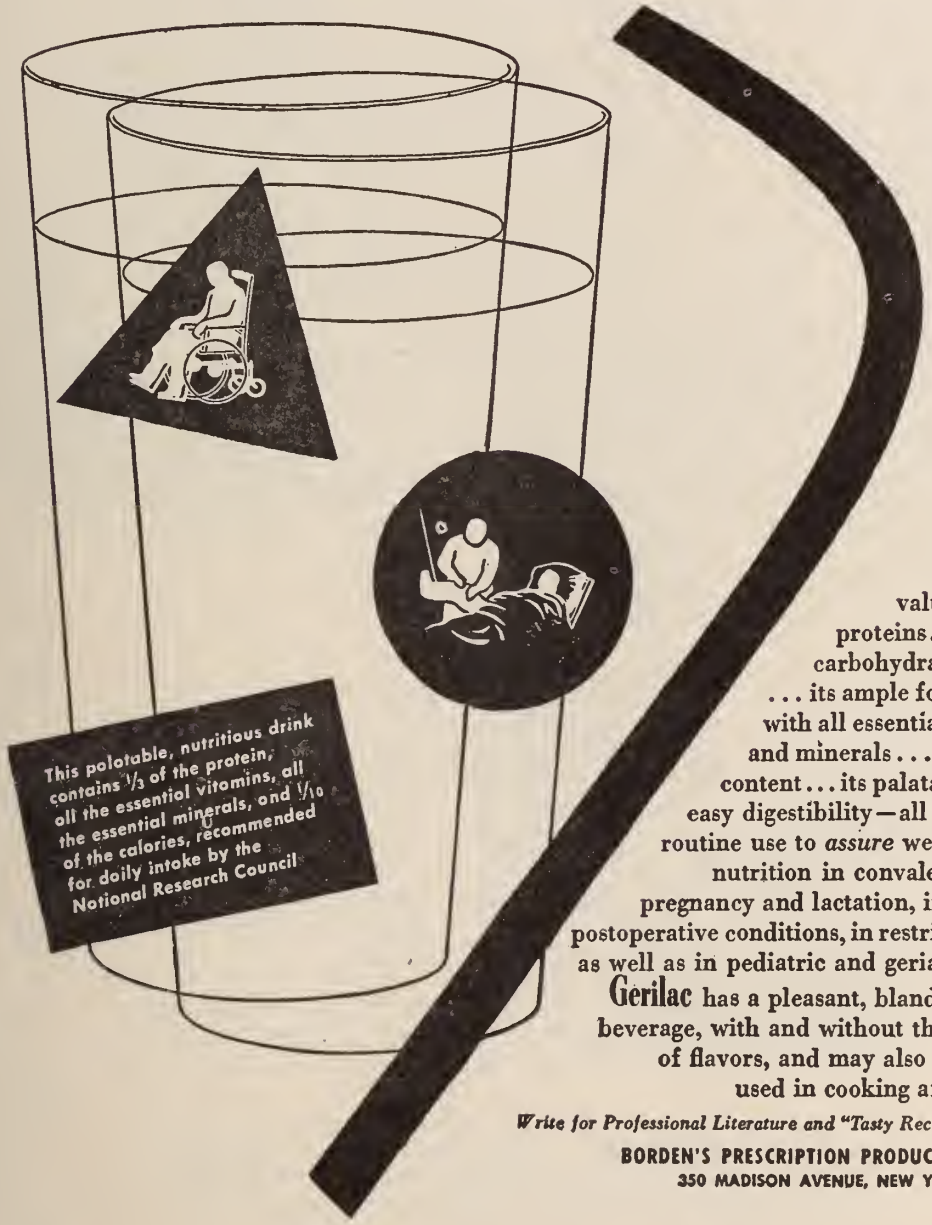
Alert people. The readers of LIFE and other important national magazines. People of action and influence in every community.



PARKE, DAVIS & CO.

DETROIT 32, MICHIGAN

"Maintain the best possible nutritional status in the diseased and injured..."



Gerilac's wealth of valuable milk proteins... its milk carbohydrate, lactose ... its ample fortification with all essential vitamins and minerals... its low fat content... its palatability and easy digestibility—all suggest its routine use to *assure* well-rounded nutrition in convalescence, in pregnancy and lactation, in pre- and postoperative conditions, in restricted diets, as well as in pediatric and geriatric cases. Gerilac has a pleasant, bland taste as a beverage, with and without the addition of flavors, and may also be readily used in cooking and baking.

Write for Professional Literature and "Tasty Recipes" booklet.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N. Y.

So advises the National Research Council's Committee on Convalescence and Rehabilitation (War Med. 6:1, 1944).

Gerilac



A Dietary Supplement for Convalescents and the Aged. GERILAC *contains spray-dried whole milk and skim milk, and is fortified with vitamins A and D, B-Complex, C, together with niacinamide, mono-sodium phosphate and iron citrate. Available in 1-lb. tins at all pharmacies.*



FACTS ABOUT Ramses TRADEMARK REG. U.S. PAT. OFF. VAGINAL JELLY

- Immobilizes sperm in the fastest time recognized under the Brown and Gamble measurement technique;
- Does not liquefy at body temperature nor separate on standing . . . not unduly lubricating;
- Maintains an occlusive film over the cervix uteri for as long as 10 hours after coitus as confirmed by direct-color photography;
- Nonirritating and nontoxic, therefore suitable for continuous use.

For the optimum protection which can be furnished by a vaginal jelly—"RAMSES"* Vaginal Jelly can be specified with the confidence that no better product is available. Active ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division

JULIUS SCHMID, INC., 423 W. 55th St., New York 19, N. Y.

quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



50,000
HYFRECATORS
IN USE
THROUGHOUT THE
WORLD



Chosen by thousands of general practitioners, E. E. N. T. specialists, dermatologists, proctologists, gynecologists and urologists, the Birtcher Hyfrecator offers a compact, high frequency electro desiccation-coagulation unit which simplifies office procedure.

Quick, easy operation with no fore or after treatment required . . . in 33 proven technics, including the removal of warts, moles, superfluous hair and other unwanted growths, with excellent cosmetic results. Outstanding for cervical erosions.

Built with traditional Birtcher high quality and stamina, handy for instant use, moderately priced, the Hyfrecator has been acclaimed one of the doctor's most satisfactory units of equipment.



Surgical Supply Company

Established 1916

T. EMMETT ANDERSON, Pres. & Gen. Mgr. FRANK E. COOPER JR., V Pres.

WHOLESALE DISTRIBUTORS OF HOSPITAL, LABORATORY, INSTITUTIONAL & PHYSICIANS EQUIPMENT & SUPPLIES, DRUG SPECIALTIES, CHEMICALS

FLORIDA AGENT MATTERN X-RAYS

JACKSONVILLE *TAMPA* *ST. PETERSBURG*



Nourishment
AS THEY
LIKE IT BEST



Yes, the nutrients in Sealtest Ice Cream—vitamins, minerals and protein—are among the finest in Nature's store. In addition to these, which include Vitamin A and calcium, it contains 10 important Amino Acids.

Southern Dairies
Sealtest
ICE CREAM
THE MEASURE OF QUALITY

Tune in the Sealtest Village Store, Thursday Evenings, NBC

A richer life...



...for your petit mal patients

Immediate and substantial improvement in the great majority of cases—that is the encouraging prospect offered by Tridione to thousands of children suffering from *petit mal*. Tridione has achieved an outstanding clinical record in this field. In one study, for example, Tridione was given to 166 patients suffering from *petit mal* (pyknoepilepsy), myoclonic jerks or akinetic seizures.[1] This group had received only mediocre benefits from the use of other medicaments. With Tridione *83% were definitely improved.* Thirty-one percent became free of seizures; 32% had less than one-fourth of the previous number; 20% improved to a lesser extent; 13% were unchanged; and only 4% became worse. Furthermore, in some cases the seizures *did not return* when Tridione was withdrawn. • Clinical investigations have also shown that Tridione is beneficial in certain psychomotor cases when combined with other antiepileptic therapy.[2] You may obtain Tridione in 0.3-Gm. capsules and in pleasant-tasting aqueous solution containing 0.15 Gm. per fluidrachm. Wish literature? Just drop a line to Abbott Laboratories, North Chicago, Ill.

1. Lennox, W. G. (1947), Tridione in the Treatment of Epilepsy, J. Amer. Med. Assn., 134:138, May 10. 2. DeJong, R. N. (1946), Further Observations on the Use of Tridione in the Control of Psychomotor Attacks, Am. J. Psychiat., 103:162, Sept.

Tridione®

(Trimethadione, Abbott)

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

. . . Reservations Necessary, Elevation 1,200 Feet

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.
Willis T. McCurdy, M.D., Attending Physician
J. Rufus Evans, M.D., Attending Physician
Elizabeth Hancock, Psycho-Therapist
Eighty-five Consulting Physicians

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

We do not treat acute alcoholic intoxication or narcotic addiction

To You From the hearts of all of us comes a warm greeting for this Holiday Season. We face the New Year with pleasure in the knowledge of your friendship and with hope in the opportunity to help you serve the growing need for better vision.

The **SOUTHEASTERN OPTICAL CO., Inc.**
distributors of
BAUSCH & LOMB PRODUCTS



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. Allen, M.D., *Department for Men*
H. D. Allen, M.D., *Department for Women*
Terms Reasonable

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting January 19, February 16, March 15.
Four Weeks Course in General Surgery starting February 2, March 1, March 29.
Two Weeks Surgical Anatomy & Clinical Surgery starting February 16, March 15.
One Week Course Surgery of Colon & Rectum starting March 8, April 26.
Two Weeks Surgical Pathology every two weeks.

GYNECOLOGY—Two Weeks Intensive Course starting February 23, March 29.

OBSTETRICS—Two Weeks Intensive Course starting March 15, April 12.

MEDICINE—Two Weeks Intensive Course starting April 26.
Two Weeks Course in Gastroenterology starting April 12.
Two Weeks Personal Course in Gastroscopy starting March 29, April 19.
Four Weeks Course in Electrocardiography & Heart Disease starting February 16, May 3.

CYSTOSCOPY—Ten Day Course starting January 5, January 19, February 2.

DERMATOLOGY—Two Weeks Formal Course starting April 26.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois

"What are the MAGIC WORDS?"

No magic words, no magic wand can improve a cigarette. *Something more tangible is needed.*

PHILIP MORRIS superiority is due to a different method of manufacture, which produces a cigarette *proved* definitely less irritating to the smoker's nose and throat.*

Perhaps you prefer to make your *own* test. Many doctors do. There is no better way to prove to your own satisfaction the superiority of PHILIP MORRIS.

* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

TO PHYSICIANS WHO SMOKE A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



FOR PROMPT, PROLONGED, PROFOUND ANESTHESIA



METYCAINE (Gamma-[2-methyl-piperidino]-propyl Benzoate Hydrochloride, Lilly) is a local anesthetic agent useful in the various fields of medicine, surgery, and dentistry. It is effective for spinal, regional, infiltrational, and topical anesthesia. 'Metycaine' has a quicker onset and longer duration of action, greater uniformity of effect, and higher potency than procaine, without increased toxicity. 'Metycaine' products, adaptable for all uses, are available through your regular source of medical supplies.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



Color Photograph by Karl Oeser

One of Sixteen Thousand

EVERY DAY in the United States alone, physicians examine sixteen thousand applicants for life insurance. Before the time of scientific medical examinations, the risk involved in life insurance was a vague uncertainty. Now, life insurance, thanks to a sound medical foundation, is recognized as one of the most important economic and social influences of our time.

The history of life insurance in some respects resembles that of medical research. Investigators who worked in a meagerly equipped laboratory have been largely supplanted by superbly staffed and equipped laboratories. Organized, self-endowed research, such as that of the Lilly Research Laboratories, makes sound contributions to medical practice.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIV Jacksonville, Florida, December, 1947 No. 6

THE CLINICAL VALUE OF GASTROSCOPY

H. PHILLIP HAMPTON, M.D.
TAMPA

The development of the flexible gastroscope by Schindler and Wolf in 1932 was the successful culmination of many years of rather futile efforts by physicians to examine the interior of the viable stomach. The proper use of this instrument affords an excellent view of a large portion of the stomach in the majority of patients. Hospitalization is not required, and with the use of topical pharyngeal anesthesia and reassurance the procedure need not be too uncomfortable.

Gastroscopic examination is contraindicated in the presence of esophageal varices or stricture, aortic aneurysm, threatened visceral perforation, severe dyspnea or severe kyphosis. If these conditions are avoided, gastroscopy is a safe procedure.

During the recent war gastric complaints accounted for a high percentage of hospital admissions. Gastroscopy was of decided advantage in the differential diagnosis of these problems. Indications for gastroscopic examinations were considered to be (1) roentgen evidence of intragastric disease, (2) unexplained melena or hematemesis, (3) symptoms of ulcer without roentgen evidence of disease, (4) total achlorhydria and (5) diagnosis of gastritis on admission. Of six hundred gastroscopic examinations performed because of these indications, evidence of organic gastric disease was found in 25 per cent and included gastritis, ulcers, carcinomas, polyps, diverticula and bezoars. Gastritis was by far the most frequent disease encountered.

The diagnosis of chronic gastritis can be positively made only by gastroscopic examination. Chronic inflammatory conditions of the gastric mucosa are frequent causes of dyspeptic symptoms as well as hematemesis and melena. The symptomatology is usually not as clear cut as that of duodenal ulcer, and frequently pain is caused by eating food. Gastritis may be present in association with a duodenal ulcer, and it is this condition which makes the symptoms more difficult to eradicate and the surgical treatment of duodenal ulcer frequently a failure.

Various types of gastritis are recognized by gastroscopic examination. Superficial gastritis is characterized by erosions, submucosal hemorrhages, edema and tenacious mucus. In hypertrophic gastritis there is a loss of normal highlights with frequently a cobblestone mucosal pattern, and submucosal infiltration causing a stiffening of the wall is present. Atrophic gastritis presents a pinkish grey dull mucosa with visible submucosal blood vessels.

One type of gastritis may gradually change into another, or more than one type may be present at the same time. Atrophic gastritis is a misnomer for it is not an inflammatory process but an atrophy of the gastric mucosa. It is the gastroscopic picture seen in pernicious anemia and is known to be a precursor to the development of carcinoma. Atrophy of the gastric mucosa may be the end result of prolonged superficial or hypertrophic gastritis. It is the close observation of this type of gastritis which gives hope of making the diagnosis of carcinoma of the stomach early enough for successful resection.

One of the most valuable uses of the gastroscope is to determine more exactly the nature of lesions found by roentgenologic examination of the stomach. Whenever an intragastric lesion cannot be positively identified by this means, or the roentgenologic diagnosis is at variance with the clinical findings, or roentgenologic examination of the stomach gives negative results although gastric symptoms persist, then a gastroscopic examination is of definite diagnostic value.

SUMMARY

Gastroscopy is of decided value as an adjunct to roentgenologic examination in the differential diagnosis of gastric pathologic conditions.

It is the only positive means of making the diagnosis of chronic gastritis.

A gastroscopic examination is indicated when:

(1) Roentgenologic examination of the stomach is inconclusive or at variance with clinical findings.

(2) Unexplained melena or hematemesis occurs.

(3) There are gastric symptoms without roentgenologic evidence of disease.

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947

(4) Preoperatively when gastric surgical measures are contemplated for the treatment of duodenal ulcer.

706 Franklin Street.

DISCUSSION

DR. CHARLES M. GRAY, Tampa: Speaking as a roentgenologist, I know of no more comfortable feeling when one gets a case like those mentioned by Dr. Hampton, in which the roentgen studies are inconclusive or give essentially negative results, than to know that there is an instrument with which to look at the stomach.

It is perfectly true, as Dr. Hampton says, that in certain cases, too many, I fear, the roentgen study of the stomach does not give the answer. Among the real problems that I can think of offhand are those in which the patient has had gastric bleeding, and on roentgen study there is absolute no sign of disease. A few days ago a patient had a hemorrhage and was spitting blood, but the roentgen study disclosed nothing that would indicate the source of bleeding. I suggested gastroscopic examination, which revealed hypertrophic gastritis. In this case the diagnosis was made accurately and positively, and it would not have been but for gastroscopy.

One aspect of the subject Dr. Hampton did not mention is the fact that the gastroscope has some deficiencies. There are two main parts of the stomach which the gastroscopist is unable to examine. The instrument has not, however, reached perfection of detail. Later it may be possible to visualize all of the areas. I believe that some day it will be perfected so that every inch can be examined.

I think Dr. Hampton has given the high points of this valuable procedure. It is a real addition to the aids that make possible accurate diagnosis of diseases of the stomach.

DR. JAMES L. BORLAND, Jacksonville: I certainly enjoyed Dr. Hampton's paper and think this is the time to reemphasize some of the principles of gastroscopy. I became interested in it in 1935. At that time about three articles on the subject had been published in various parts of the country. Since then the use of the gastroscope has spread throughout the United States until nearly every clinic which handles gastrointestinal diseases is now using this instrument daily. It has grown up.

To approach the subject from a practical standpoint, I made this drawing to illustrate the blind spots in the stomach. They are indicated by shaded areas. These blind spots are always present to a greater or lesser degree, depending on the motility and angulation of the stomach. The peristaltic waves aid in bringing various of these areas into view.

As Dr. Gray and Dr. Hampton mentioned, the chief use of the gastroscope is as an addition to the roentgen and clinical examination of the patient. It brings into view certain areas difficult to demonstrate roentgenologically. In utilizing the two procedures, one can get a more complete knowledge of what exists in the stomach. A great deal depends on the interpretation of all the factors.

One sees many conditions resembling gastritis. It is now known that continuation of secretion, emotional stimulation and various other causes can produce changes that are recognized as being abnormal in appearance. Much depends on the degree of inflation, the lighting, the presence of mucus and the normal variation of mucous membrane. True gastritis severe enough to produce clinical disturbance is rare in my experience.

At the present time the value of the instrument lies in the interpretation of changes noted radiographically, and secondly, in the early detection of cancer. One cannot always be absolutely certain of the gastroscopic differentiation between the benign and malignant lesions, but when coupled with the clinical and other evidence, it does increase the accuracy and reduces the observation period. In my opinion, it is not used often enough.

DR. HAMPTON, concluding: I want to thank Dr. Gray and Dr. Borland for their pertinent remarks regarding radiology and gastroscopy. Gastroscopic examinations should only be done after a roentgen examination of the stomach has been made. The combination of these two methods of examining the stomach can definitely increase the percentage of correct preoperative diagnosis of gastric lesions.

The appearance of the gastric mucosa can be readily changed by emotional factors, medications and degree of gastric distention with air. The inexperienced examiner may interpret these physiologic changes as evidence of disease. I think it takes several hundred examinations before one is capable of fully appreciating the appearance of the normal gastric mucosa.

THE SIGNIFICANCE OF QUANTITATIVE SEROLOGIC TESTS AS A GUIDE IN PENICILLIN-TREATED SYPHILIS

R. F. SONDAG, M.D.
JACKSONVILLE

Penicillin treatment for syphilis must be considered still in the experimental stage. Whether it can effect permanent cures will not be definitely known for many years. Adequate dosages of penicillin in early acquired syphilis, alone or in combination with other antisyphilitic drugs, render the patient noninfectious quickly. In at least 80 per cent of the cases so treated and observed for two years, no further treatment has been necessary. As with patients treated under the conventional standard arsenical schedules, however, every patient treated with penicillin should be observed at monthly intervals for twelve to fifteen months following treatment, and then annually for many years in order that retreatment may be given should the disease flare up again.

The post-treatment observation, in addition to a physical check-up, should always include a quantitative serologic test. Quantitative serologic tests for syphilis are of great value in the management of all stages of syphilis; however, they have their widest application in primary, secondary, and very early latent syphilis. The reversal to negative is not nearly so dramatic in the later stages as in the early stages of the disease. The quantitative test gives a relative measure of the amount of syphilitic antibody (reagin) in the serum. In general, the higher the titer the

Read before the Florida Health Officers' Society, Second Annual Meeting, Miami, April 21, 1947.

greater the diagnostic significance of positive findings. Quantitative serologic tests, therefore, are of great importance as an aid in the management of therapy; hence, the changes in titer are the observations of chief significance, and repeated tests are particularly useful in evaluating the response to intensive syphilotherapy (rapid treatment). The changes usually observed, the relationships between quantitative serologic results during and after treatment, and the course of the disease in the patient are presented in the following figures, which represent a few cases selected at random from the many thousands treated in the Florida rapid treatment centers.

Figure 1 represents a white man aged 19, who reported to the rapid treatment center with secondary syphilis. He gave a history of having a penile chancre six weeks prior to admission to the rapid treatment center. He had scattered papules on the forearms, penis, scalp, palms and soles, which gave positive evidence on dark field examination. The spinal fluid gave a negative reaction, and the quantitative serologic test gave positive results—120 Kahn units. In this case of secondary syphilis the patient received the 5-12-3 treatment schedule, namely, 16,667 units of penicillin every three hours for nine days, making a total of 1,200,000 units of penicillin plus 60 mg. of arsenoxide on the first, third, fifth, seventh and ninth day, and 200 mg. of bismuth on the first, fifth and ninth day. This case illustrates how rapidly the serologic reaction can reverse to negative and the desirable response one should like to expect from each course of intensive therapy. The serologic reaction in this case reversed to negative sometime during the second month of post-treatment observation and has remained negative up to the last observation a month ago. Of course, if all patients responded to treatment as this one did, and the reaction remained negative for five to ten years, then one would be safe in giving intensive therapy and abolishing post-treatment observations. In not all cases, however, is there this response; therefore, post-treatment observations are imperative as the following figures indicate.

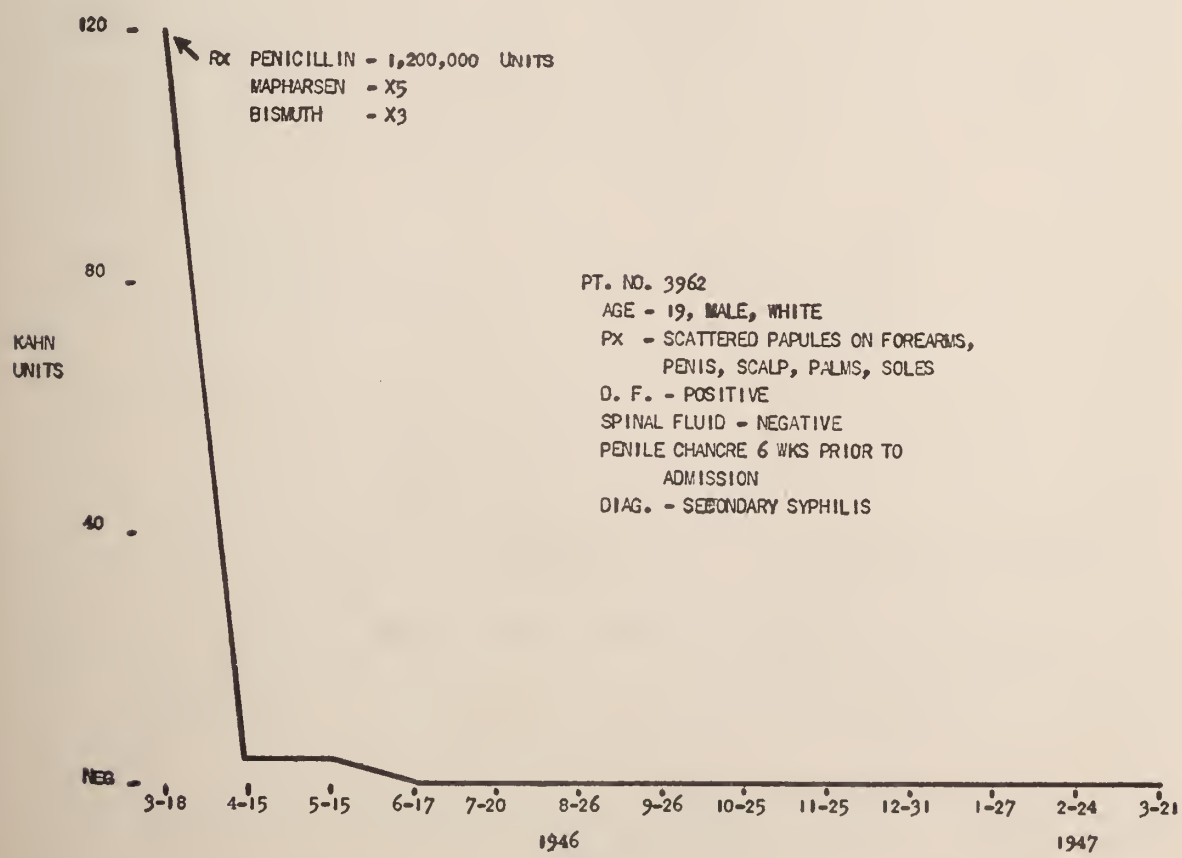


Figure 1

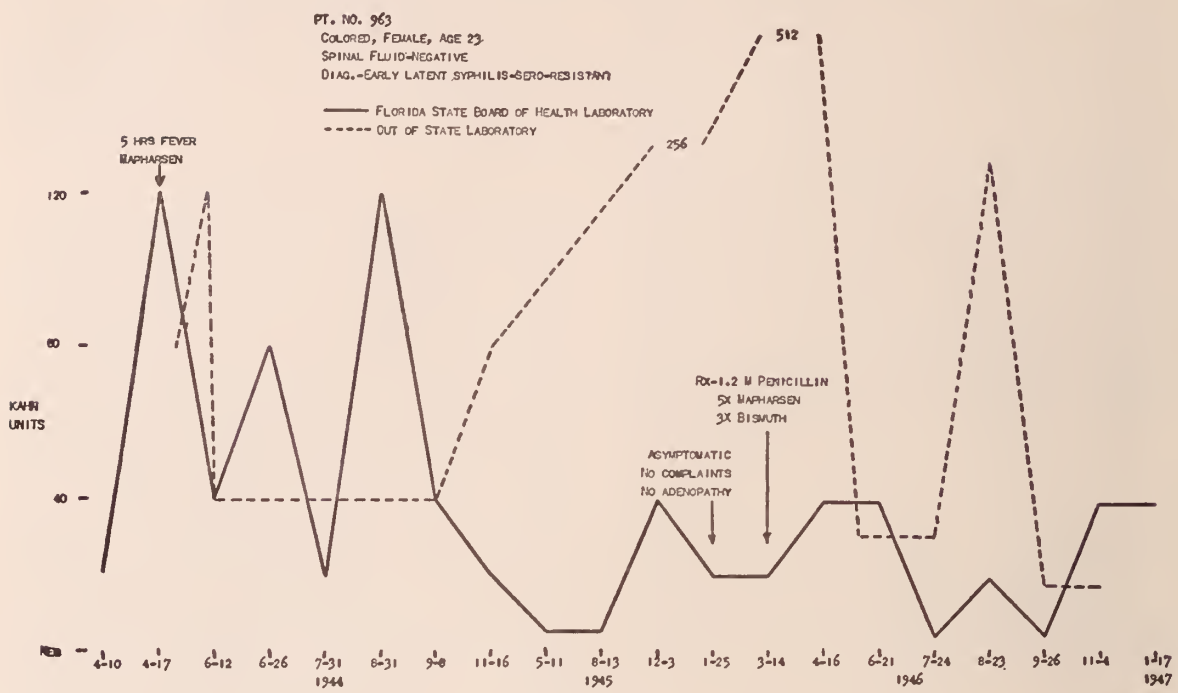


Figure 2

Figure 2 represents a Negro woman aged 23, who came to the clinic with a healed indurated lesion of the right labia and a general adenopathy. The blood titer at the time was 20 Kahn units, but a week later it was 120 Kahn units. She was transferred to the rapid treatment center and was given intensive therapy, which consisted of five hours of fever at 106 F., plus 1 mg. of arsenoxide per kilogram of body weight the night before fever therapy and 2 mg. of arsenoxide per kilogram at the termination of the fever. This intensive treatment schedule was one of the four types of mechano-fever-arsenoxide schemes used at the Jacksonville Center. With the advent of penicillin these schedules were discontinued; however, follow-up was maintained, and in this case the results of the quantitative Kahn test on post-treatment observations varied considerably. From this patient, sufficient blood was withdrawn to obtain results from two different laboratories. The solid line represents the results of the serologic tests performed in the State Board of Health Laboratory, and the broken line those of the serologic tests performed in a reliable laboratory under federal supervision in another state. The results of the quantitative tests from these laboratories are not comparable, but this fact does not reflect on the reliability of either laboratory; it merely emphasizes and brings to the forefront the many factors causing variable serologic results, which is a subject in itself for serologists to discuss.

Figure 2 shows that during the first year following intensive therapy the results of the quantitative tests from the two laboratories were not too far apart. During the second year of post-treatment observation, however, they were far from comparable. While the results of the quantitative Kahn tests reported from the State Board of Health Laboratory were low, those from the out-of-state laboratory showed a phenomenal rise in titer to 512 Kahn units. On the basis of this significant increase, the patient was given another course of intensive therapy as a precautionary measure, this time the 5-12-3 schedule as previously described in figure 1. At the time of retreatment the patient was asymptomatic, and there was no clinical evidence of syphilis other than that of the blood test. Ten months after retreatment the quantitative Kahn titer still varies from 4 to 128 Kahn units. Whether the retreatment was indicated and necessary to reverse the serologic reaction to a lower titer is problematic. In figure 2, it is apparent that the quantitative Kahn titer did drop to lower levels following retreatment, but usually one should not expect rapid drops in titer after retreatment. Although there was an apparent rapid drop in

titer in this case, the reversal was temporary, and at the last observation it was again 40 Kahn units. The patient is asymptomatic, and the case is considered as Kahn fast or seroresistant. It demonstrates the need for conservatism and emphasizes the importance of a thorough evaluation of the case before deciding to retreat. All factors must be considered, including history, physical examination, diagnosis, previous treatment and subsequent follow-up blood tests. Had this patient been the type who frequently changes treatment sources, and had these factors not been considered, she would probably have received a variety of treatment by this time, the value of which would be questionable.

Figure 3 represents a Negro woman aged 16, who was under treatment in the clinic for gonorrhea. She was known to the clinic eight months prior to the development of secondary syphilis, and her blood test always gave negative results. At the time she presented herself to the clinic with secondary syphilis, the results of this test were negative, but the papules on her face, vulva and extremities gave positive evidence on dark field examination. Two of her contacts were located, examined and found to have primary syphilis. She was transferred to the rapid treatment center and received 2,400,000 units of penicillin (40,000 units every three hours for eight days). While she was receiving penicillin, another serologic examination of the blood disclosed a a slight elevation in the Kahn titer. Had she not begun intensive therapy the Kahn titer would have shown a great rise. The serologic reaction promptly reversed to negative and remained so for approximately sixteen months, when it again became positive, this time the titer being 128 Kahn units. The patient was readmitted to the rapid treatment center and at the time was asymptomatic. There was no evidence of recurrent lesions, and the case was therefore diagnosed as one of serorelapse. She received another course of intensive therapy, this time the 5-18-3 schedule (16,667 units of penicillin every two hours for nine days, with bismuth and arsenic administered as in the 5-12-3 schedule). Two months after retreatment the serologic reaction was again negative and remained so up to the time of the last observation. It is noteworthy that a few months prior to serorelapse this patient received 200,000 units of penicillin for gonorrhea, which obviously had no influence on the serorelapse.

Figure 4 represents a Negro woman aged 16, who was referred to the rapid treatment center with secondary syphilis. The papular eruption and the condylomas on the vulva gave positive evidence on dark field examination. The quantitative titer was 80 Kahn units, and the spinal fluid gave a negative reaction. This patient re-

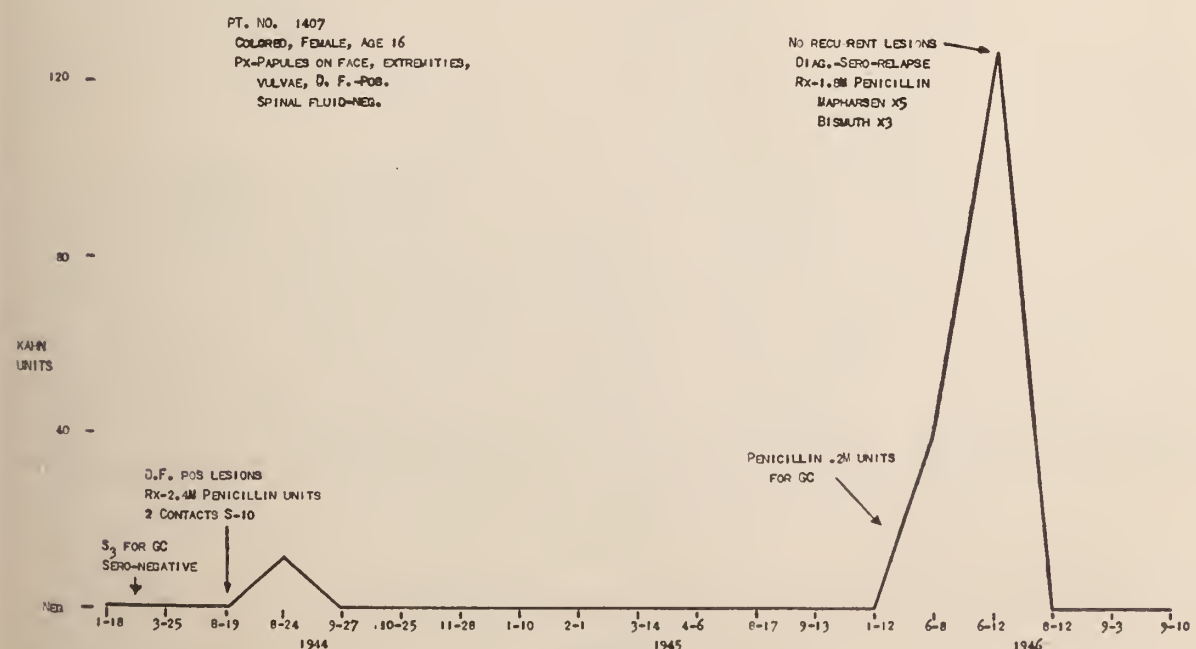


Figure 3

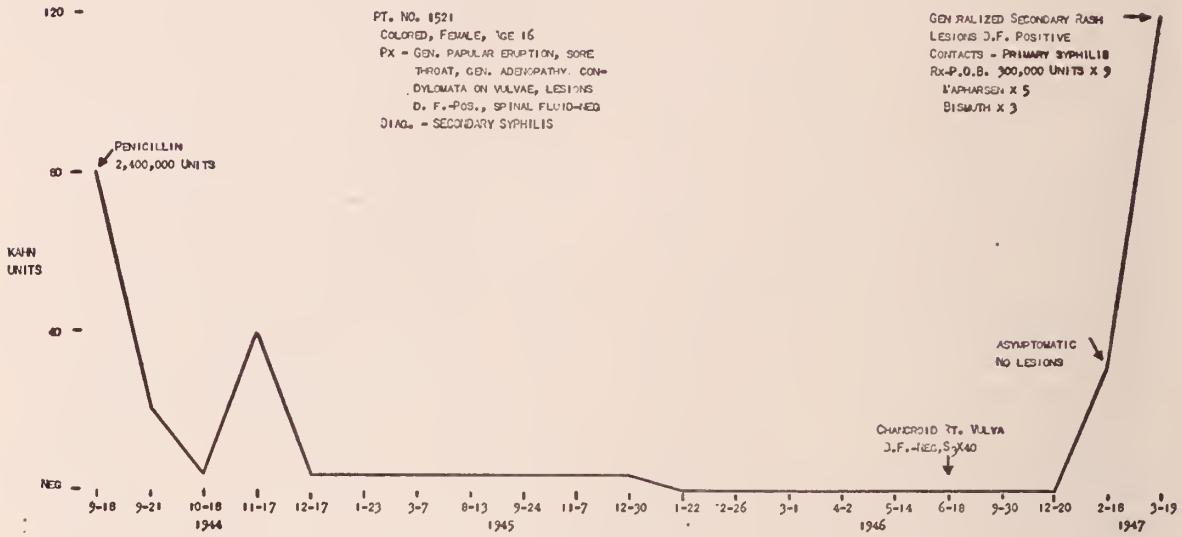


Figure 4

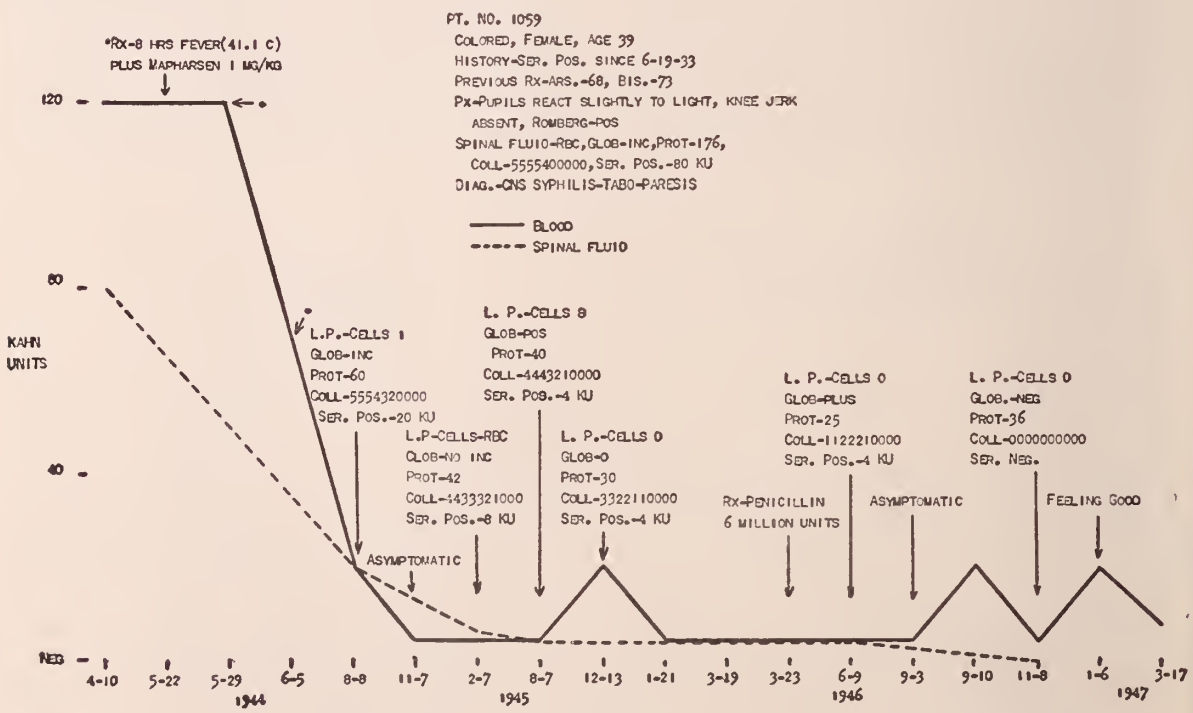


Figure 5

ceived 2,400,000 units of penicillin as outlined in the preceding case. The course of the reaction to the quantitative Kahn test in this case is the response one usually observes in primary and secondary syphilis in that successful rapid treatment is followed in varying times (usually six to eight months) by negative results of serologic tests. In this case, the quantitative Kahn titer reversed to 4 Kahn units in less than two months, and except for a "serologic bump" the following month, it remained at 4 Kahn units for fourteen months and then reversed to negative. In this patient serologic examination of the blood gave negative results for one year and would probably still do so had she not contracted a well established reinfection last month. She was readmitted to the clinic with a generalized secondary rash, which gave positive evidence on dark field examination, and the quantitative titer was 120 Kahn units. Her contacts also had lesions giving positive evidence on dark field examination. Since the rapid treatment center was closed temporarily, this patient received the ambulatory intensive therapy schedule consisting of penicillin in oil and beeswax, 300,000 units daily for nine days, arsenoxide 60 mg. on the first, third, fifth, seventh and ninth day, and bismuth 200 mg. on the first, fifth and ninth day. The latter treatment is one of the many ambulatory schedules now being evaluated, and it is too early to draw definite conclusions; however, follow-up thus far on those patients treated by this schedule merits continued usage.

This case demonstrates that usually upon reinfection, the serologic response is much stronger than at the time of the first infection, and one might expect that the return of the titer to negative will be much slower. The latter observation is not apparent at this time because the reinfection was established just one month ago, and additional follow-up observation is necessary.

Figure 5 describes a case of syphilis of the central nervous system in a 39 year old Negro woman. When she was admitted for treatment, she gave a history of blood tests giving a positive result since 1933. She had had a total of 68 arsenicals and 73 bismuth injections prior to admission. On the basis of spinal fluid findings and neurologic changes, a diagnosis of taboparesis was made. In syphilis of the central nervous system, the spinal fluid findings are the only reliable guide to treatment. The first course of therapy this patient received was 3 eight hour bouts of fever plus arsenoxide at one week intervals, and approximately two years later she received 6,000,000 units of penicillin. In patients with syphilis of more than six months' duration as a rule it requires more than one year to obtain a seronegative result, and in neurosyphilis one cannot expect rapid changes in either the serologic or spinal fluid findings. The most striking beneficial effects have been on the spinal fluid, as is significant in this case, although the changes are slow and gradual. Observations of the response of the spinal fluid abnormalities in this case were as follows:

	Cells	Globulin	Protein	Serology	Colloidal
On admission, 4-10-44	RBC	+++	176	80KU	5555400000
5-22-44 to 6-5-44 Rx	Three bouts fever and arsenoxide				
8-8-44	1	+++	60	20KU	5554320000
2-7-45	RBC	0	42	8KU	4433321000
8-7-45	8	+	40	4KU	4443210000
12-13-45	0	0	30	4KU	3322110000
3-23-46 Rx	Six million units penicillin				
6-9-46	0	+	25	4KU	1122210000
11-8-46	0	0	36	Neg.	0000000000

Figure 6

The gradual reversal of the spinal fluid abnormalities in this case is obvious and significant, requiring approximately three years, which is the response one might expect from effective adequate treatment. One need not be concerned about the blood serology as the spinal fluid abnormalities are the only reliable guide to treatment.

SUMMARY

A few illustrative cases have been presented to show the significance of the quantitative serologic test as a guide to intensive treatment. The quantitative test, however, must not be used as the only criterion in evaluating effective treatment. Equally important are the history, clinical examination, previous treatment and diagnosis. In the State Board of Health laboratories, quantitative serologic tests are performed on all serums giving a positive reaction. These tests are done by diluting the serums in series. The highest dilution in which a positive reaction occurs is the one reported. In the future the quantitative tests will be reported in dilutions rather than as units. The dilutions used and the equivalent in units for each are as follows:

Serum Dilution Undiluted	Kahn Units 4 or less
1:2	8
1:4	16
1:8	32
1:16	64
1:32	128

The number of Kahn units in serums giving a positive reaction, therefore, is the dilution times four, and the quantitative test gives a relative measure of the amount of syphilitic antibody in the serum. The value of titering syphilitic serums to the end point was not recognized until the rapid treatment of syphilis was introduced, but one can see from the cases presented that quantitative serologic tests for syphilis are a valuable guide to the clinician in the follow-up of treated patients. The changes usually observed in serums giving a positive reaction and their significance are as follows:

1. Successful rapid treatment in primary and secondary syphilis is usually followed in varying times (six to eight months) by negative reactions to serologic tests for syphilis (figures 1 and 4).

2. Patients with negative spinal fluid findings but persistently low quantitative blood titers of less than 1 to 8 dilutions (32 units) for more than one year after intensive treatment for primary or secondary syphilis, require no further treatment unless significant rises in the quantitative titer occur (figure 4).

3. Patients treated for primary and secondary syphilis in whom new infectious lesions develop or in whose serum definite rises occur in the quantitative titer some months after intensive treatment, should be retreated as soon as possible (figures 3 and 4).

4. Patients treated for primary or secondary syphilis whose serum continues to have quantitative titers of 1 to 32 (128 units) or greater nine months after rapid treatment should be retreated. Patients with a sustained quantitative titer of 1 to 8 (32 units) or 1 to 16 (64 units) nine months after intensive treatment, may be retreated as a precautionary measure.

5. Intensive treatment in early latent syphilis of less than six months' duration is followed by negative results of serologic tests within one year in the majority of cases. The persistence of low quantitative titers of 1 to 8 (32 units) or less in such cases for more than one year is not an indication for additional treatment (figure 2).

6. Usually it requires more than a year for the quantitative test in latent syphilis of more than six months' duration to give seronegative results. In general, the longer the duration of latent syphilis, the longer the time required for the quantitative reaction to become negative, and in many instances it will remain positive indefinitely regardless of treatment. Retreatment is not indicated in such cases unless follow-up quantitative serologic tests show definite and sustained rises from previous levels (figure 2).

7. Quantitative serologic tests are of value in the follow-up of late latent and late syphilis also. In general, the aim of treatment in these stages of syphilis is not to obtain negative response to serologic tests but to stop the progression of the disease. Further treatment is indicated only when pronounced sustained rises in the quantitative titer are noted. Additional treatment is not indicated in those patients whose serum displays gradual drops in titers over a period of several years.

8. In syphilis of the central nervous system, the spinal fluid findings are the only reliable guides to treatment. The presence of an increased number of cells in the spinal fluid six months after treatment accompanied by a rise in total

protein or globulin, or a rise in spinal fluid quantitative titers at any time following treatment, indicates the need for additional therapy (figure 5).

REFERENCES

1. Thomas, E. W.: The Clinical Significance of Quantitative Serologic Tests for Syphilis, Am. J. Syph., Gonor. & Ven. Dis. 30:317-329 (July) 1946.

1217 Pearl Street

THE SURGICAL RELIEF OF PAIN

J. G. LYERLY, M.D.
JACKSONVILLE

There is little to be said that is new in this discussion, but I expect to bring out some facts about procedures that have been of most value in the relief of intractable pain arising from various causative factors. Some of these procedures have been established over a long period of time and are of definite proved value. Some other procedures have not been used so long, and therefore the results are not always so certain. Severe painful conditions which are intractable may not be relieved by large doses of opiates and other habit-forming drugs, and may require an operation for relief. In some cases injection of novocaine or alcohol into the sensory nerves may be required. While this measure may give temporary relief, its effect may be prolonged. The more radical procedure of operation for cutting the pain fibers or sensory nerves may be necessary to relieve intractable pain.

PAIN ABOUT THE HEAD

Tic Douloureux.—This is one of the most severe, excruciating, lightning-like pains in the distribution of the fifth nerve. The pain is brought on by a light peripheral stimulus applied to a sensitive area called a "trigger zone," in the distribution of this nerve. Eating, chewing, talking, washing the face, or a slight draft of air blowing on the face may bring on the pain. In most cases it is in the distribution of the second or third divisions, and in 5 per cent the first division only is involved. The cause and the pathology of the disease are unknown. It occurs in people beyond the 50 year age group, but it also occurs in younger persons.

Treatment of tic douloureux is successful when some surgical procedure is carried out to block the impulses of the fifth nerve. From the medical standpoint no cases of tic douloureux can be cured by the use of drugs, but temporary alleviation may be expected from their use. Soon after World War I, it was found that trichlorethylene, when inhaled over a period of time, produces anesthesia of the fifth nerve. For that reason this drug is used by inhalation of 20 drops three times a day on a piece of gauze. There may be partial relief in ten days or two weeks in about 10 per cent of the cases.

An injection of alcohol in the peripheral branch of the fifth nerve produces anesthesia of the nerve distribution, and if the tic douloureux is within the limits of this nerve, the patient will have complete relief as long as the anesthesia lasts. The anesthesia wears off in nine months to a year, when the pain may return. The point of injection of the peripheral branches may be at the foramen ovale for the third and at the foramen rotundum for the second division. For the first division the nerve may be injected at the supraorbital notch. Occasionally the infraorbital nerve may be injected in the infraorbital foramen, or the mental nerve in the mental foramen. Neurectomies may be done by making an open incision through the eyebrow for cutting the supraorbital nerve. The infraorbital nerve is cut through an incision beneath the upper lip, and for cutting the mental nerve an incision is made inside the lower lip. Any peripheral nerve operation as described is a temporary expedient, for relief of pain will not be permanent.

Injection of alcohol never gives permanent relief of the pain associated with tic douloureux. As soon as the diagnosis is certain, it is best to do an operation which will give permanent relief. Only in the atypical cases of doubtful diagnosis may injection of alcohol be used or when the patient cannot tolerate operation.

There are two operative approaches for cutting the posterior root of the gasserian ganglion for the permanent relief of the pain of tic douloureux. The one that is most frequently used is through the temporal region. The operation is almost altogether extradural in nature, and the spinal fluid spaces may not be opened until the posterior root is reached. The root may be cut entirely or partially, depending on whether the fibers to the ophthalmic division are to be preserved to give sensation to the eye. The motor root may be preserved in most cases. The risk of the operation is slight with mortality less than 1 per cent in all patients regardless of age or condition.

Read before the Florida Neurology and Psychiatry Society, First Annual Meeting, Miami, April 20, 1947.

The other operative approach is by the cerebellar route, which is an intradural one, retracting the cerebellum to expose the posterior root beneath the tentorium. There is more danger of getting into trouble from bleeding from veins in the cerebellopontine angle and from trauma of other cranial nerves in this region, and an infection would be a more serious matter in this location. It is much easier to save the motor root by this approach, and a fractional section of the sensory root probably gives less disturbance of sensation than by the other method.

Trigeminal Tractotomy.—This operation was proposed by Sjoqvist and consists in cutting the spinal tract of the fifth nerve in the medulla at the level of the obex. It has been shown that this descending sensory tract is superficial and can be cut through a 4 to 5 mm. incision. This procedure requires a midline cerebellar approach to expose the medulla just above the foramen magnum. In this operation the sensory changes in the face are not pronounced, as tactile sense is preserved while pain and temperature sensation are lost. Likewise, the motor division of the fifth nerve is never involved. It is most suitable for severe intractable pain in carcinoma and in certain cases of tic douloureux.

Atypical Trifacial Neuralgia.—In this condition the pain not only involves the face in the distribution of the fifth nerve but may spread over the entire cranium, neck, shoulder and arm on the affected side. The pain is more in the distribution of the sympathetic nervous system. It passes along the vascular tree, and tender points may be felt along the larger vessels. As a diagnostic and therapeutic test novocaine may be injected into the stellate ganglion. If this is done during the attack with relief, it offers proof of the origin and nature of the pain. A longer lasting anesthetic than the novocaine, such as bromsalizol or eucupin, may be used.

It is a simple matter to block the stellate ganglion. With a simple needle inserted above the middle of the clavicle directed inward 45 degrees to reach the head of the first rib or body of the seventh cervical vertebra, 10 cc. of 2 per cent novocaine is injected. Almost immediately one notices a Horner's syndrome manifested by a smallness of the pupil and narrowing of the palpebral fissure on the affected side. Occasionally one is called on to give permanent blockage by the operation of sympathectomy. The objection to it is the Homer's syndrome. To the untrained observer, however, the slight difference in the eyes on the two sides will not be noticeable. Likewise, the lack of sweating on one half of the face, head, neck and upper extremity is not objectionable, as expressed by the patients who have had this procedure. Sometimes the operation is done on both sides, when the attacks are bilateral. Then the difference in the eyes on the two sides is not noticeable.

This same procedure is done to relieve unilateral headaches such as occur in migraine with pain in the face like atypical trifacial neuralgia. They are a frequent complaint of persons of a neurotic temperament and probably come under the functional nervous disorders.

Intractable Pain of Carcinoma.—When carcinoma is located in the mouth, face, neck and throat, one may be called on to relieve pain by some form of nerve blockage. If the growth were limited to one of the branches of the fifth nerve, one could give an injection of alcohol. These tumors, however, have frequently spread to adjacent territory so that the growth is not entirely limited to the distribution of the fifth nerve. In this case, it will not only involve the sensory nerves from the neck but may be in the domain of the glossopharyngeal nerve. In order to relieve the pain, it is best to do nerve section through a unilateral cerebellar approach and a high cervical laminectomy in order to cut the fifth and ninth cranial nerves and the upper three or four cervical posterior roots.

Mesencephalic Tractotomy.—This operation consists in cutting the spinothalamic tract and the secondary trigeminal tract at the level of the inferior colliculus in the mesencephalic region. It requires an osteoplastic flap and elevation of the occipital lobe with an incision through the tentorium to obtain identification of all structures. Through a rather superficial short incision not over 4 or 5 mm. in depth these tracts are cut without difficulty. This surgical measure produces loss of pain and temperature sense of the opposite side of the head, face, neck and body. It is more satisfactory when the malignant disease is in the neck or face and when cervical chordotomy would not be suitable.

Glossopharyngeal Neuralgia.—This condition is called tic douloureux of the ninth cranial nerve. The type of pain is similar to that of tic douloureux of the fifth cranial nerve. The difference is the localization of the pain with the "trigger point" in the tonsillar region and the pharynx.

The pain is set off by swallowing and food coming in contact with the irritable zone in the pharyngeal wall. This contact will set off a severe shooting electric-like pain in the throat with radiation into the ear. It is sometimes confused with tic douloureux of the third division of the fifth nerve. As a diagnostic test, the tonsillar area can be anesthetized by mopping it with cocaine, and the patient may then swallow without pain. In order to cure this pain it is necessary to resect the ninth nerve intracranially by a unilateral cerebellar approach. The ninth nerve is purely sensory, and no difficulty in swallowing is noticed unless adjacent fibers of the tenth nerve are injured.

Seventh Nerve Neuralgia.—This variety is a severe pain of the sensory root of the seventh nerve or the nerve of Wrisberg. The pain is experienced deep in the ear, from which the diagnosis is made. A cure is effected by cutting this nerve intracranially as it lies between the seventh and eighth nerves.

PAIN IN OTHER PARTS OF THE BODY

Chordotomy.—Pain in the extremities and body from carcinoma and other malignant disease may be relieved by this operation. This pain may not be relieved by medical means. The increased tolerance and the habit-forming nature of the opiates make them unsatisfactory when given over a long period of time. In order to give permanent and continued relief chordotomy is done; it consists in cutting the pain tracts in the cord. The operation can be done under local or general anesthesia through a laminectomy of one or two vertebrae. If the pain is one-sided, the chordotomy may be done on the opposite side since the pain and temperature fibers entering the cord cross to the opposite side. The level of the chordotomy should be three or four segments higher than the desired level of the analgesia because it takes that many segments for the fibers to cross. The spinothalamic tract which carries pain and temperature sense lies in the anterolateral column of the spinal cord. One rotates the cord by grasping the dentate ligament with a pair of mosquito forceps, and the incision is started at this point and carried forward through the anterior root at a depth of 4 or 5 mm. There is a loss of pain and temperature sense on the opposite side of the body while tactile, position and vibratory senses are not disturbed. Likewise, there is no paralysis because the pyramidal tract lies in the posterior column of the cord and it should not be damaged.

The operation may be done on both sides if the pain is bilateral, with section at slightly different levels. There may be temporary retention of urine when the operation is done bilaterally, but this is justified if the patient is relieved of pain. The best place for the chordotomy is in the upper dorsal region when the pain is in the lower half of the body and lower extremities. If it is in the upper extremities, it is necessary to do a high cervical chordotomy about the second cervical level.

Rhizotomy.—The operation of cutting the posterior sensory root of the spinal nerves is frequently used to relieve intractable pain in a small localized area. There is a great overlapping of the nerve endings in the distributions of the sensory roots so that it is necessary to cut a larger number of the posterior roots in order to get the desired anesthesia. The operation may entail the removal of the laminas of six vertebrae to cut the required number of roots, and it is of greater magnitude than that of chordotomy.

Subarachnoid Alcohol Injection.—Almost exclusively in malignant disease the relief of intractable pain may require an injection of alcohol in the spinal subarachnoid space. It is more desirable when the pain is in the lower extremities, hips or pelvis. To block the nerves supplying these areas a fine spinal puncture needle is inserted at the twelfth dorsal interspace with the affected side and back uppermost. When the needle is in the subarachnoid space, 12 to 15 minims of absolute ethyl alcohol is slowly injected to block the posterior roots which are uppermost. If the pain is bilateral, the injection should be made on each side separately, one or more days apart. If one is not careful, there may be weakness, especially of the urinary bladder.

Painful Amputation Stump.—The pain sometimes occurring after the amputation of an extremity, which may come years later, may become disturbing and unrelenting to make the life of the patient unbearable. Occasionally it is helpful to resect the neuromas in the amputated stump or to inject the nerve with alcohol at a higher level, but this procedure is frequently ineffective. Likewise, it is almost useless to cut the posterior roots, at laminectomy, supplying the entire extremity. One may obtain better results by doing a sympathetic block of the ex-

tremity. This can be done first by a novocaine diagnostic block. If pain is relieved, permanent blockage may be obtained by a sympathetic ganglionectomy. Chordotomy as previously described has been done, but not always with relief. Probably the reason that the procedures as mentioned do not relieve the pain is that the cause lies in the higher centers of the central nervous system. In order to attack these centers and remove the sensory impression, the sensory area in the cerebral cortex is outlined by electric stimulation and removed. Favorable results have been reported from this operation. Prefrontal lobotomy has been suggested and done for the relief of the emotional state and the worry associated with the pain of this condition.

POSTHERPETIC NEURALGIA.—In acute and chronic cases of postherpetic neuralgia the pain may be extremely severe. The pathology of this disease is not limited to posterior root ganglia but may be manifested in the central nervous system and the optic thalamus. Cutting of the posterior roots of nerves does not relieve the pain. Likewise, chordotomy of the spinothalamic tract does not relieve it. If the pain is in the distribution of the fifth nerve, cutting the posterior root of the gasserian ganglion will not relieve it. It is one of the most intractable pains which the neurologic surgeon is called on to treat. The best results have been obtained by blocking the sympathetic nerves with novocaine or a longer lasting anesthetic. Occasionally, it becomes necessary to do a sympathetic ganglionectomy for permanent relief. In the acute cases of herpes zoster of the face one may insert a needle in the foramen ovale to block the gasserian ganglion with novocaine.

CAUSALGIA.—This is a severe painful condition of the extremities frequently associated with an injury to the peripheral nerve. For relief one may explore the injured nerve and repair it. Occasionally there is an associated vascular type of pain which requires a sympathectomy for relief. Minor causalgia occurs in trivial injuries of the extremities. In cases of this type the best treatment is blocking the sympathetics with novocaine or a longer lasting anesthetic.

VASCULAR PAIN.—Without going into too much detail, one may find extreme excruciating pain of the distal parts of an extremity associated with a vascular disease. This pain may occur in Raynaud's disease, Buerger's disease, arteriosclerosis, intermittent claudication, diabetic endarteritis and various vasospastic diseases associated with thrombosis of the arteries or veins. There is an element of vasospasm which may deprive the extremity of a sufficient supply of blood and oxygen to cause the pain. To improve circulation novocaine may be injected in the sympathetic ganglia as a diagnostic test to determine the degree of temperature rise in the toes or fingers of the affected extremity. If the response is satisfactory, permanent relief may be obtained by a sympathetic ganglionectomy.

The pain associated with angina pectoris or aortitis may be relieved by blocking the sympathetics from the second to the fifth dorsal ganglion on the affected side with novocaine and alcohol. The objection to the use of alcohol is the troublesome neuritis occurring in about half the cases. If the patient is a good surgical risk, it is best to give permanent relief through sympathetic blockage by sympathetic ganglionectomy.

CONCLUSIONS

Severe intractable pain in different parts of the body cannot always be satisfactorily relieved with drug therapy. Furthermore, the increased tolerance of the drug makes it increasingly less effective. In order to obtain permanent and complete relief, especially in malignant disease, it is necessary to cut sensory nerve roots or pain tracts in certain locations of the central nervous system.

The different types of neuralgia about the face, head and neck are mentioned, and types of surgical relief are discussed.

Blocking the sympathetic nerve impulses to the involved area is now becoming more and more frequent, especially when there is a large vasospastic element. This blockage is usually preceded by a temporary local anesthesia produced by novocaine or a longer lasting anesthetic. In order to obtain permanent blockage a sympathectomy may be required. It is frequently effective in relieving the so-called idiopathic neuralgia, postherpetic neuralgia and pain in an amputated stump.

514 Greenleaf Building.

CANCER OF THE BREAST

A STUDY OF ONE HUNDRED CASES AT THE DUVAL COUNTY HOSPITAL

A. T. KENNEDY, M.D. and EDWARD JELKS, M.D.
JACKSONVILLE

The evolution of surgical therapy in the treatment of cancer of the breast during the last century presents an interesting study. In 1853 Robert Druitt,[1] a fellow of The Royal College of Surgeons, was definitely opposed to extirpation of the breast for cancer except as a palliative measure in the late stages. He concurred in the opinion of a colleague that "excision cannot be undertaken without imminent risk of putting the patient in a worse state than he or she was in before the use of the knife," and he regarded it as "evident that the knife should be abstained from as a general rule." His view was the one commonly accepted by the medical profession at that time.

In the late sixties, two noted English surgeons, Charles Moore[2a] and Joseph Lister,[2b] began to recommend removal of the breast and fascia and the axillary glands as a more radical form of treatment. It remained, however, for Halsted[3] to make the most outstanding contribution in this field. In 1894 he published his first paper on radical treatment of cancer of the breast, and he was the first surgeon to recommend and practice removal of all lymph nodes, fat, fascia, breast and muscle, en masse.

In 1902 Albert,[4] professor of surgery at the University of Vienna, described a well developed cancer of the breast as a tumor the size of a goose egg, hard and irregular in outline, fixed to the fascia, with an ulcerated area the size of a walnut and with palpable axillary lymph nodes. William L. Rodman[2c] of Philadelphia in 1908 began to emphasize that the ideal time to cure cancer of the breast is when only a small lump can be found. Some of his contemporaries were beginning to use radiation in the treatment of this disease. Since that time roentgen and radium therapy has increased and decreased in popularity.

Most studies similar to the one presented here have been directed towards the reporting of so-called cures. The object of this study is to discover and analyze the reasons for the poor results which have been obtained. In this series of 100 cases observed over a period of twenty years at the Duval County Hospital, 76 per cent of the patients were Negroes and 24 per cent white persons; 97 per cent were women and 3 per cent men. The highest incidence was in the age group of 40 to 49 years. The racial incidence is of particular interest for comparison with hospital admissions for a similar period shows that the ratio of the latter was 55.1 per cent Negro to 44.9 per cent white patients. This high incidence in the Negro race should serve to refute the idea which persisted three decades ago that cancer of the breast is uncommon in this race. The sex and age groups were about what one would expect, as shown in table 1.

TABLE 1.—RACE, SEX AND AGE OF ONE HUNDRED PATIENTS WITH CANCER OF THE BREAST

	1926-1936 Group	1937-1947 Group	Total
Race*			
White	12	12	24
Negro	32	44	76
Sex			
Male	2	1	3
Female	42	55	97
Age Groups			
20-29	4	2	6
30-39	6	5	11
40-49	18	20	38
50-59	8	14	22
60-69	6	12	18
70-79	2	2	4
80-89	....	1	1

*For a similar period the racial incidence of all hospital admissions was 55.1 per cent Negro to 44.9 per cent white patients.

Table 2 summarizes the first evidence of abnormality noticed by the patient, the lapse of time before the first examination at the hospital and the chief complaint at the time of that examination. In 91 per cent of the cases a tumor mass was the first unusual condition noted by the patient. The chief complaint, however, was more often pain or ulceration, or both, thus showing that the patients waited until very late to seek medical attention. This fact is further borne out when the size of the tumor is considered. As shown in table 3, 86 per cent of the neoplasms were the size of a lemon or larger, and 58 per cent were the size of an orange or larger. It does not require a highly trained medical specialist to diagnose a tumor mass as large as these. A tumor only, with no other re-

Read before the Staff of the Duval County Hospital, Jacksonville, June 17, 1947.
From the departments of Pathology and Surgery of the Duval County Hospital, Jacksonville.

lated physical findings, was present in 5 cases. There were, therefore, actually only 5 cases in which the surgeon would consider the prognosis favorable for a complete cure.

TABLE 2.—SYMPTOMS, THEIR DURATION, AND CHIEF COMPLAINT

	1926-1936 Group	1937-1947 Group	Total
Duration of symptoms when first seen			
3 months or less	11	11	22
4-6 months	9	12	21
7-12 months	11	12	23
13-24 months	8	10	18
25-48 months	2	5	7
49 months or more	3	6	9
First abnormality noticed by patient			
Tumor	38	53	91
Pain	4		4
Discharge	2	3	5
Chief complaint			
Tumor	10*	27	37
Pain	26	20	46
Discharge	1	2	3
Ulceration	7	7	14

*One patient first noticed a lump in the axilla.

TABLE 3.—SIZE OF TUMOR, ATTACHMENT AND METASTASIS

	1926-1936 Group	1937-1947 Group	Total
Size of tumor*			
Pecan		1	1
Walnut	2	11	13
Lemon	16	12	28
Orange	15	21	36
Grapefruit	11	11	22
Attachment			
Skin attachment	37	49	86
Deep attachment	34	32	66
Skin nodules	14	3	17
Ulceration	12	12	24
Axillary nodes	33	34	67
Supraclavicular nodes	8	5	13
Metastasis			
Other breast	3	2	5
Lung	3	1	4
Mediastinum	1	1	2
Skeleton	1	3	4
Liver	1		1

* A tumor only was present in 5 cases, 3 in the first group and 2 in the second group.

In studying this series of cases it was noted that in a certain number there was a significant delay in diagnosis or treatment while the patient was under the observation of the hospital. This is summarized in table 4. In all, there were 13 such cases, and in 5 of them the patient was responsible for the delay in admission to the hospital after the clinical diagnosis was established. This delay ranged from forty-seven days to sixteen months.

TABLE 4.—LAPSE OF TIME BETWEEN FIRST VISIT AND ADMISSION*

Patient Number	Time Lapse Between First Visit and Diagnosis	Visits Between First Visit and Diagnosis	Time Lapse Between Diagnosis and Admission	Visits Between Diagnosis and Admission	Patient Delayed Admission
4	6 months	2			
27			42 days	2	
38	23 months	2			
39	12 months	2			
59	48 months	8	7 months	4	
65	5 months	1	47 days		1
71	4 months	8	16 months	8	1
74			4 months	6	1
76	6 months	1	14 months	5	1
78			5 months	2	1
80	36 months	18			
82	3 months	2		1	
99	5 months	2	5 months		

* In the 13 cases in which there was undue delay.

In 10 patients there was a significant delay between the first visit and the establishment of a diagnosis. This delay was determined by taking each patient's history at the time the diagnosis was established and searching the records to see if the patient had visited the clinic during the period in which the symptoms had been present. It often occurred that the patients were seen, but were not examined. One patient was seen in the Tuberculosis Clinic eighteen times and was in the hospital once. This patient was receiving pneumothorax on the right side, and the tumor was on the left side. Another patient was examined and a lump was noted in the breast, but it was decided that she should have antisyphilitic therapy before being referred to the Surgery Clinic. This patient was seen eight times and then wandered off, to return four years later with a far advanced cancer of the breast. Still another patient with a lump in the breast was seen eight times while under antisyphilitic therapy before a diagnosis of cancer was established. Several of the patients were lost in referrals from one specialty clinic to another. This loss seemed to be particularly true of patients referred to the Surgery Clinic or to the weekly hospital conference.

During the twenty year period that this study covers, 13 patients with a tumor in the breast were subjected to biopsy as a minor surgical procedure; in 8 the lesion was benign, and in 5 it was malignant. In the case of 1 patient in the malignant group there was an appreciable delay in the admission and treatment. This

patient made two visits to the Surgery Clinic after the biopsy and then wandered off for five months before returning to the Diabetic Clinic, where it was noticed on her chart that she had a biopsy report of cancer of the breast. In the meantime, the tumor had increased in size, had become more fixed, and ulceration of the skin had occurred. Certainly, the loss of even 1 patient in this manner is sufficient to condemn the use of such a procedure.

A study of the associated diagnoses (table 5) shows that 36 patients had cardiovascular disease of some type. Three of these were not operated on because of the severity of this condition and the far advanced stage of the cancer of the breast. The other 33 were included in the operative group. Four patients had tuberculosis, and 4 had diabetes. Thus, of the 85 operated on, 41 had constitutional diseases that would make them relatively unsafe for surgical therapy.

TABLE 5.—ASSOCIATED DIAGNOSES

Diseases	Cases
Cardiovascular diseases*	
Hypertension	19
Hypertension, arteriosclerotic	7
Myocarditis	3
Anemia	5
Accident, cerebral	2
Infectious diseases	
Syphilis, latent	13
Syphilis, clinical	5
Tuberculosis	4
Abscess, appendical	1
Abscess, perirectal	1
Miscellaneous	
Uterus, fibroid	6
Diabetes	4
Neurasthenia	2
Pregnancy	1
Osteoma	1
Pyelonephritis	1

* In 3 cases the patient was not operated on because of advanced cardiovascular disease.

In all, operation was performed in 85 cases. As table 6 shows, a radical resection was done almost twice as often in the second group as in the first group. The mortality among patients having this operation was 31.6 per cent in the first group, and in the second group it was 11.1 per cent. In the second group there were no deaths among patients subjected to lesser procedures, while in the first group there were 3 deaths, giving a mortality of 16.7 per cent in patients having the less shocking types of operation. The over-all mortality for the first group was 9 deaths or 24.3 per cent and for the second group 4 deaths or 8.18 per cent.

In 1 case of the series the pathologic diagnosis was Paget's disease, and in 1 it was sarcoma (table 7). Involvement of the muscles was reported in 4 cases. In 48 cases involvement of the lymph nodes was reported, and the analysis of these reports is noteworthy, as illustrated by table 8.

Of the cases in which the patient was operated on, the axillary lymph nodes were palpable in 26 in the first group. The pathologic reports for this group stated that involvement was present in 23 and not present in 1; in 2 cases the information was lacking. These nodes were not reported as being palpable in 11 cases in this first group. The pathologic reports indicated involvement in 1 of these cases and no involvement in 7; in 3 the information was not given.

In the second group of cases in which an operation was performed, the axillary lymph nodes were palpated in 29 instances. The pathologic reports showed involvement in 13, no involvement in 6 and no statement in 10 cases. These nodes were not reported as being palpable in 19 cases in this second group. The pathologic reports indicated definite involvement in 9 cases and no involvement in 6; in 4, there was no statement. Thus it appears that the pathologic report contained no statement regarding the

TABLE 6.—TREATMENT

	1926-1936 Group	Operative Mortality	1937-1947 Group	Operative Mortality	Total
Operative treatment					
Tumor only	2		1		3
Breast only	2	1	9		11
Breast and axilla	14	2	1		15
Breast and muscle	1				1
Radical resection	19*	6	36	4	55
Nonoperative treatment					
Roentgen therapy only			1		1
Radium and roentgen therapy	1				1
Supportive therapy only	6		7		13

* One patient had a neck dissection also.

lymph nodes in 19 of the cases in which surgical treatment was carried out. It would be especially helpful if this information were included in each case. To aid the pathologist in making a complete report, the surgeon should label any lymph node removed from the axilla.

TABLE 7.—TYPE OF LESION AND OTHER DATA

	1926-1936 Group	1937-1947 Group	Total
Type of lesion			
Carcinoma	44	54	98
Paget's disease	...	1	1
Sarcoma	1	.	1
Lymph node involvement	25	23	48
Muscle involvement	2	2	4
Miscellaneous			
Previous injury or trauma	13	3	16
Right breast	22	32	54
Left breast	25	26	51
Both breasts	3	2	5
Family history	4	1	5

Of the 15 cases considered as nonoperative, an attempt at clinical and pathologic lymph node correlation was not satisfactory. In only two instances were lymph nodes obtained for examination, and the pathologist reported that both of these showed malignant cell invasion.

TABLE 8.—CLINICAL AND PATHOLOGIC CORRELATION OF LYMPH NODE INVOLVEMENT

	1926-1936 Group	1937-1947 Group	Total
Operative cases			
Palpable	26	29	55
Involved	23	13	36
Not involved	1	6	7
Not stated	2	10	12
Not palpable	11	19	30
Involved	1	9	10
Not involved	7	6	13
Not stated	3	4	7

In the entire series, the axillary lymph nodes were palpable in 67 cases. The pathologic examination revealed that in 7 of these cases these nodes were not involved. The fact that a patient has palpable nodes clinically should not, therefore, discourage one from doing a complete operative procedure. Of the 30 cases coming to operation in which lymph nodes were not palpable clinically, it was established that in 10 cancer was present in the regional lymph nodes. This, in itself, is another argument for a radical procedure in all cases.

SUMMARY

From a study of 100 cases of cancer of the breast at the Duval County Hospital it can be seen that the patient presents herself usually with far advanced disease and many complications. An analysis of the cases in which treatment was delayed while the patient was under the observation of the hospital is presented. Early and radical treatment is recommended.

REFERENCES

1. Druitt, R.: The Principles and Practice of Modern Surgery, edited by F. W. Sargent, ed. 4, Philadelphia, Blanchard and Lea, 1853, pp. 118-120 and 513.
2. Rodman, W. L.: Diseases of the Breast with Special Reference to Cancer, Philadelphia, P. Blakiston's Son & Co., 1908, (a) p. 266; (b) p. 275; (c) p. 254 and 259.
3. Halsted, W. S.: Surgical Papers, Baltimore, The Johns Hopkins Press, 1924, vol. 1, p. 87 and vol. 2, pp. 3-88.
4. Albert, E.: The Diagnosis of Surgical Diseases, translated from the German by R. T. Frank, ed. 8, New York, D. Appleton and Company, 1902, p. 163.

Duval County Hospital.

DIAGNOSIS OF ENDOBRONCHIAL TUBERCULOSIS

NATHANIEL M. LEVIN, M.D.
MIAMI

The frequent occurrence and seriousness of tracheobronchial tuberculosis, especially when collapse therapy is contemplated, and when the indications are definite, emphasize the need for bronchoscopy. The increased need for endoscopy is now becoming more generally recognized, and in some institutions bronchoscopy is routinely performed on every patient admitted.

Clinical and roentgen evidences of bronchitis of tuberculous origin are based on the frequent finding of narrowing of the bronchus and on retention of secretions. Additional clinical signs include a characteristic wheeze, bubbling rales, intermittent positive sputum in fluctuating amounts, dyspnea and cyanosis. These varying signs are due to partial or complete obstruction of the bronchi. The roentgen examination may show the sudden development of an atalectasis. Keeping these signs in mind will lead to the more frequent diagnosis of this condition. Bronchoscopic corroboration is essential. Certain types of tuberculous patients may show asthmatic symptoms. The majority of these have tracheobronchial lesions. They should have the benefit of a diagnostic bronchoscopy.

Read before the Florida Tuberculosis and Health Association, Annual Conference on Tuberculosis, Miami, May 1 and 2, 1947.

Statistics indicate that over 10 per cent of the patients admitted to sanatoriums are nontuberculous. Careful examination of these patients results in a final diagnosis of bronchiectasis, benign and malignant tumors, foreign bodies and other conditions. Recently I found two benign adenomas, one showing fetal lung tissue on microscopic section. Certain patients with tuberculosis may be allergic as well. Contraindications are pulmonary hemorrhage, acute infection of the respiratory tract and tuberculous laryngitis. In cases of bronchial occlusion following thoracoplasty, bronchoscopy is done in spite of tuberculous laryngitis.

Infection in the trachea and bronchi occurs at the orifices of the mucous and serous glands. The bacillus-laden sputum in contact with mucosa accounts for most of the lesions. Infection may also occur by lymphatic extension or hematogenous spread. The larynx is involved in its posterior part, and the site of the pathologic change in the trachea is in the intercartilagenous spaces because of the stasis of the secretions.

Endoscopically, the lesions noted are: inflammation with increased mucus; ulcerations, superficial or deep, circumcribed or diffuse; partial or complete stenosis of the bronchus; perforation into the bronchus of a caseous gland; and granulation tissue (tuberculoma). Two or more of these lesions may occur at the same time or at different stages of the disease.

Various observers report that in 25 to 30 per cent of all cases of pulmonary tuberculosis tracheobronchial lesions are present. Others, reporting much larger series of cases, indicate that in 11 per cent of cases of pulmonary tuberculosis there are endobronchial lesions. The left bronchus is involved somewhat more frequently than the right. This anomaly is explained on the basis that drainage is less effective on the left side and the infection results from the prolonged contact of the mucosa with purulent secretions. Tracheobronchial lesions occur more frequently in women, particularly in the 20 to 30 year age group. Early recognition of the lesions is essential so that proper therapy can be instituted and the serious complication of cicatricial stenosis avoided. The mortality rate in the fibrostenotic form of tuberculosis is 50 per cent. In one large series of advanced cases in which autopsy was performed, endobronchial lesions, gross and microscopic, were present in 56 per cent. Thirty-two per cent of the cases in which the patient had been operated on and in which there were endobronchial lesions terminated fatally.

Local treatment of the lesions with silver nitrate (30 per cent) is most effective for the acute stage of the lesions (ulceration and granulation tissue). In about 80 per cent of cases with tracheobronchial diseases, the lesions will heal if the parenchymal disease is controlled; in the remaining 20 per cent, endoscopic local therapy will be required. Temporary relief may be obtained in bronchial stenosis by the dilatation of the bronchi and aspiration of the retained secretions. I have also treated exuberant granulations with the electrocautery. When bronchial stenosis is present, pneumothorax is ineffectual and, in many instances, may be harmful. In this kind of case, a permanent type of collapse, as thoracoplasty, is indicated.

In addition to local treatment applied endoscopically, streptomycin offers considerable hope; 2 Gm. daily is given over a period of six to twelve weeks. Streptomycin has been reported as causing labyrinthine involvement and deafness, which is worse in older people.

Laryngeal tuberculosis may be an associated complication. I have had occasion to do a tracheotomy in several cases due to laryngeal obstruction by reason of edema or the presence of a large tuberculoma. Streptomycin is especially efficacious; in fact, brilliant cures have been obtained in laryngeal tuberculosis.

1237 du Pont Building.

ABSTRACT OF MEDICAL ARTICLE

EXTREME INSULIN RESISTANCE: A CASE STUDY. BY T. H. MC GAVACK, S. D. KLOTZ, MILDRED VOGEL AND J. F. HART. J. CLIN. ENDOCRINOL. 6:747-757 (NOV.) 1946.

A case is reported in which a patient with mild diabetes experienced three distinct episodes of extreme insulin resistance. Each of these attacks was associated with local and general allergic reactions to insulin. During the third and last refractory period reagins were found in the blood. There was no evidence of any antibodies in the circulation having a direct anti-insulin effect. The presence of a cirrhotic liver during the entire period and a retention cyst of the pancreas in the last attack suggests a possible hepatopancreatic abnormality as an additional factor in producing and maintaining the insulin-resistant state.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. MCEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. MCIVER, M.D. (Ex-Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. MCKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
C. FREDERIC ROCHE, M.D...D-48.....*Miami*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami Beach*
THOMAS W. TAYLOR, M.D...C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48.*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O. BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MANLY DELL, JR., M.D...AL-48.....*Gainesville*
JOSEPH H. RUTTER, M.D...B-49.....*Daytona Beach*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L. LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES, M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahaochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D...AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51.....*DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48..*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

EDWARD JELKS, M.D., Delegate.....*Jacksonville*
DUNCAN T. MCEWAN, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1947)
HOMER L. PEARSON, M.D., Delegate.....*Miami*
LOUIS M. ORR, II, M.D., Alternate.....*Orlanda*
(Terms expire Dec. 31, 1948)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D. .....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents

John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945..... *Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

HIGHLIGHTS OF MEDICINE, 1847-1947

"As we look backward, let us look forward."

In this closing month of the centennial year of organized medicine in this country, a backward glance at the progress of medicine during the century now ending should be especially heartening. The coming century, entering hand in hand with the atomic era, promises much and will abundantly fulfil that promise if it is as rich in achievements as the one whose passing has been appropriately celebrated this year.

It was in 1847 that Simpson introduced the use of chloroform in childbirth and Semmelweis described the cause of puerperal fever. Within a decade thereafter the ophthalmoscope and the hypodermic syringe had been invented, a test for sugar in the urine had been formulated, and iodine in the treatment of goiter had come into use. Out of the Crimean war came Florence Nightingale and modern nursing.

Pasteur, in 1860, changed the entire course of medicine by demonstrating bacteria in the air. Five years later Mendel published his work on heredity, and Lister in 1867 originated antisepsis in surgery. Nor was public health neglected for in the early seventies there were boards of health in one hundred and thirty-four American cities. The cystoscope was introduced and salicylic acid was isolated in the year that Bell launched the telephone. That year also saw the introduction of bathtubs in England.

The year 1878 brought Edison's platinum wire electric lamp, the blood pressure apparatus and the introduction of bacteriology into the United States. The gonococcus, streptococcus, staphylococcus, pneumococcus, leprosy bacillus and organisms of typhoid and malaria were identified, and, within the next six years, the tubercle bacillus and the genus responsible for diphtheria, meningitis, cholera and undulant fever. Von Bering in 1889 announced his results with antitoxins, and 1895 brought Roentgen's discovery of the roentgen ray and the establishment of the Nobel Prize Foundation. Three years later the Curies discovered radium.

Before 1910, the year Erlich developed salvarsan, Landsteiner had defined blood grouping, hormones had been investigated, the cause of whooping cough had been isolated, the Wassermann test had been devised, and the United States food and drug act had been passed. Funk, in 1911, announced those mysterious substances, the vitamins. The next year brought protection against diphtheria with antitoxin and later came

the Schick test to determine susceptibility to this disease.

Along with insulin in 1921 came the Kahn test for syphilis and the sunlight treatment of rickets. The liver diet for pernicious anemia followed in 1926. Florey did his first work on penicillin in 1929, and 1935 brought the sulfonamides. Since then streptomycin has become available, also various insecticides, antimalarials and antiseptics. The bronchoscope, gastroscope, electrocardiograph and encephalograph are prominent among many aids to diagnosis available today. Heart and lung surgery has come to the fore, blood banks and eye banks are being built up, and shock treatment is restoring many of the mentally ill.

These are but a few of the medical highlights that have made their contribution to more than doubling life expectancy since 1847. Will the story of the dawning century include the conquest of cancer through atomic energy? Will the virus diseases be mastered? Will cardiac disease be conquered and the whole cardiovascular picture changed? What of the answer to senility and mental disorders? Scientific investigators of the incoming century may well gain inspiration from the accomplishments of their immediate predecessors. Looking backward, may they go forward to even greater triumphs of medicine.

ATOMIC ENERGY IN PEACETIME PURSUITS

December 7, 1941—no real American can ever forget that date. Nor can he ever be unmindful that the dastardly and unprovoked attack which plunged this nation into the biggest and costliest war in the history of mankind also soon plunged the whole world into an atomic age. Public ignorance of the atomic bomb with its potentialities as an instrument of destruction can hardly exist today for the military aspect of the use of atomic energy has been convincingly described and demonstrated.

It is therefore refreshing to read of the constructive possibilities of this new outgrowth of world conflagration. In August construction of the first peacetime atomic pile was begun. This pile, which is a kind of furnace, will be devoted exclusively to beneficial uses of atomic energy in medicine, industry and agriculture and for power. It is expected that it will be completed within a year. The pile is especially designed for research on problems in utilizing atomic energy and for production of up to two hundred or more radioactive "tracer" substances to learn more about living tissues, diseases, metals, chemistry and physics. Ordinary uranium will provide the fuel for this oven. The pile will produce a beam of neutrons, to study their effects on biologic tissue.

The enormous advances to be anticipated for medicine, the profound changes in industry, manufacture, home heating and air conditioning, all seem truly fantastic. In nearly three years of almost continuous operation, the pile at Oak Ridge used only five pounds of uranium in the production of atomic energy. One physicist, comparing the production of energy chemically and through nuclear fission, said that the power plant at his university requires a ton of coal every two hours to keep it running, while one pound of lithium burned with hydrogen would keep it going for a year.

Scientists predict cold light illumination for homes, offices, factories and streets, sanitary waste disposal systems as parts of the atomic energy power plants of cities of the future, and troublesome products now difficult to dispose of converted into sources of desirable new materials for medical and household use. Substances that cannot now be made to combine will through new chemical processes join together to form strange and useful products. New drugs, new vaccines and new radioactive dyes are foreseen, and even new kinds of plants and animals loom as a possibility.

A.M.A. REQUESTS INFORMATION

Every physician in Florida has received a directory card from the American Medical Association requesting information which is to be used in compiling the new 18th Edition of the American Medical Directory. The card should be filled out and returned promptly even if no change has occurred in any points on which information is requested. Any physician who has not received one of these Directory Information cards should write at once for a duplicate card. Requests should be mailed to the A. M. A. Directory Department, 535 North Dearborn Street, Chicago.

HOW SHOULD NURSES BE TRAINED?

Many physicians and graduate nurses believe that recent policies of the associations and boards of nursing have brought the nursing profession to a determining crossroad. It would appear, in the recent past, that some nursing educators have not had the desire to produce nurses for bedside care of the sick. Student nurses have been required to spend more and more time in the classroom while less and less attention has been given to their practical instruction at the bedside. Nursing educators have contended rightfully that the services of a student nurse should not be exploited, but they have erred, apparently, when they have attempted to turn out many highly trained theorists. They have layed such emphasis on the importance of large schools of nursing and have brought such pressure on small nursing schools that some of the latter have been forced to close despite the fact that many of these small schools were producing superior clinical nurses. Thus some educators and officials have unwittingly contributed to the nursing shortage.

Several years ago a suggestion was made that two classes of nurses be produced, one with a curriculum more advanced than is being followed now and the other with a training period of only one year. The Nurses Cadet Corps envisioned the conversion of large schools to the training of professional nurses and the small school to vocational nurses.

Believing that two such classes of nurses are incompatible and that the poorly trained vocational nurse would be the survivor, interested physicians in Virginia proposed that the schools in that state convert from a three to a two year course with a substantial reduction of didactic work. At the same time they suggested that the large schools offer postgraduate work for the training of nurses along special lines.

Suitable and adequate training of nurses is one of the most difficult problems which authorities in the field have had to face, and is one to which some of the best minds have devoted study. It would seem that a middle of the road policy is proper and still possible. Those who would make scut maids of nurses have become unpopular indeed, and at the other extreme, those who want to train most nurses to be instructors, executives and theorists appear to be less in the majority than formerly. Many are willing to admit that it is more important for a nurse to be able to administer medications properly and in general to attend to the needs of the patient at the bedside than to recognize an acid-fast bacillus under the microscope.

Common sense and good proportion in the nursing educational program are, we hope, beginning to be restored. If we do not mistake the signs of the time, the pendulum has begun to swing back in the direction of practicality.

LEGISLATIVE COMMITTEE CHAIRMAN RESIGNS

Elsewhere in this issue of The Journal there appears an account of the enactments of the recent legislature that are of particular interest to the members of the Association. With this report Dr. Harold D. Van Schaick announces his resignation as chairman of the Committee on Legislation and Public Policy. Over a period of years Dr. Van Schaick has served in this capacity faithfully and with diligence. Ever active and aggressive in his leadership in this vitally important and difficult phase of the Association's work, he has given generously of his time, talents and strength.

His repeated plea to each and every member to make legislation and economic problems a personal concern and to devote time to this work will continue to be timely in the perilous days ahead. In view of the present trend with its endless ramifications of schemes for medical care alien to the American way of life, it is well to keep in mind that statutes once enacted are seldom repealed, nor are objectionable features scarcely ever eliminated by subsequent legislatures. As Dr. Van Schaick stoutly contends, the way to combat these un-American encroachments is to make friends among the laity, acquaint them with the ideals, aims and accomplishments of the profession, and deal with them professionally, financially and socially on ethical levels that can and will command only respect and cooperation in protecting and promoting public well-being. Every member has a personal responsibility here and the opportunity to keep legislators properly informed on medical legislative matters.

CARE CHRISTMAS PLAN

Why not celebrate this Christmas in the true holiday spirit by inviting a hungry European family to dinner as your guests during the holiday week? Invite them in your name or in the name of a friend. Send CARE Food Packages—enough in each package (41,000 calories) to supplement regular rations for a family of four for a full month.

Faced with the stark reality of hunger and disease as they watch their ragged, famished children do with less and less each day, Europeans will find at this Christmas season far more sense in this tangible evidence of American interest than in all the fancy phrases of diplomacy. CARE is the channel through which individual contributions may flow in the right direction to stem the tide that threatens to engulf the Europe of today and laps at the very future of civilization, which cannot be constructed with any measure of security from the raw material of weakened and disillusioned children.

Backed by twenty-seven top welfare agencies, recommended by President Truman, endorsed by Herbert Hoover and General Eisenhower, CARE, the Cooperative for American Remittances to Europe, Inc., is prepared to handle 50,000 orders a day. Selling for $10 apiece, CARE Packages are duty and ration free to the beneficiaries, with delivery or money-back guarantees, and are stockpiled in fifteen European countries waiting for acts of mercy from American donors. There are fourteen types of famous CARE Packages, ranging from the one containing 22 pounds of "standard" foods to those designated as Baby Food, Infant Food, Blanket, Cotton, Woolen, Knitting Wool, Household Linen and Layette—all desperately needed in Europe today.

To order, send $10 to CARE, 50 Broad St., New York 4, N. Y., with your name and address and the name and address of the recipient. You may send to friends, relatives and designated groups, or if you do not know an actual person in Europe, you may designate types of persons such as a displaced person, an orphan, a member of a religious group. The special CARE Christmas Plan provides for the sending of a handsome donor certificate to any persons you name, informing them that you have sent a CARE Food Package to a needy European family in their name. In no other way can you send so much for so little.

BUY CHRISTMAS SEALS

The opportunity to fight tuberculosis through the forty-first annual nation-wide Christmas Seal Sale of the National Tuberculosis Association is now at hand. When even a dollar or two is invested in Christmas Seals, it provides the greatest gift of all—health, even life itself. Funds from this source have helped to reduce the death rate from tuberculosis 80 per cent in slightly more than four decades. They provide x-ray units, mass examinations, laboratory research, patient rehabilitation and public education. They make possible year-round help against the dread disease that threatens more people between the ages of 15 and 44 than any other disease.

Florida had almost 1,000 deaths from tuberculosis last year. There are 10,000 known cases in the state today, and countless thousands are in danger of contracting the disease unless it is checked.

MIDWINTER SEMINAR IN OTOLARYNGOLOGY AND OPHTHALMOLOGY

This year the University of Florida Midwinter Seminar in Otolaryngology and Ophthalmology will be held at the Flamingo Hotel in Miami Beach, beginning on January 12 and continuing through January 17, 1948. The lectures in Otolaryngology will be presented on the twelfth, thirteenth and fourteenth, and those in Ophthalmology on the fifteenth, sixteenth and seventeenth. The registration fee is $25.

The distinguished lecturers for the courses in Otolaryngology include Drs. Lawrence R. Boies, Minneapolis; Louis H. Clerf, Philadelphia; Kenneth M. Day, Pittsburgh; Thomas C. Galloway, Chicago; James H. Maxwell, Ann Arbor, Mich.; Arthur W. Proetz, St. Louis; and Harry P. Schenck, Philadelphia. Among the outstanding ophthalmologists who will lecture are Drs. S. Judd Beach, Portland, Me.; William L. Benedict, Rochester, Minn.; Daniel B. Kirby, New York; Peter C. Kronfeld, Chicago; and Dohrmann K. Pischel, San Francisco.

The Midwinter Seminar follows immediately the Pan-American Congress of Ophthalmology, which will be held in Havana, Cuba, January 5-10, 1948. The dates chosen for the two meetings make possible a delightful opportunity to attend both and at the same time enjoy a winter vacation amid unsurpassed resort attractions.

PUBLIC RELATIONS

Lake County doctors found themselves front page news in late September. The press learned that members of the Lake County Medical Society were donating their services to give physical examinations to school children. The announcement came from school officials and the Lake County Chamber of Commerce.

Cooperation with, and membership in, approved lay organizations is a requisite for good medical public relations. It does not require great imaginary powers to visualize the excellent relations existing at present between the public and members of the Association in Lake County. Advocates of compulsory health legislation would find few sympathetic listeners today in that area.

Other county medical societies throughout the state are sponsoring various projects which are equally beneficial to the people of their communities. In most cases, however, the public knows little or nothing about these services . No one has given them the information. Prepared news releases on such items will be appreciated by the press. This method will assure publication in the desired manner and make certain that the information is accurate. A hint to the local press is sufficient for its representatives to make inquiry to State or County Medical Society officials.

A perusal of the news gives other evidence of favorable publicity for the medical doctors of Florida. Currently, the hospital situation and the participation in federal funds for this purpose are big news throughout the state. Dr. Walter C. Payne of Pensacola, the chairman of the Board of Governors of the Florida Medical Association, was elected chairman of the Hospital Advisory Council by its members at the first meeting. This agency was created by the legislature at the 1947 session as a part of the hospital licensing act. The selection of physicians to serve on the Council, made by the Chief Executive and his advisers, offers proof of leadership on the part of the medical profession.

Additional favorable news items noted are: Manatee County, doctors and dentists contribute over $10,000 to hospital fund; Hillsborough, doctors vote to help with cancer clinic; Broward, counsel given on evacuation problem in storm area; Plant City, physician qualifies as candidate for school board. There are probably many others which have not come to the attention of the bureau at this writing.

An editorial in the Jacksonville Journal, October 9, takes issue on the reluctance of medical men to serve their country in diplomatic and legislative capacity. Expressing confidence in doctors for duties in public service, the Journal states: "Doctors could make a valuable contribution to our national legislature. Are there no others who could be persuaded to serve?" The editor stopped with that thought but the implication is clear. Is it not possible that physicians would be even more valuable, and as ardently desired. as members of the state legislature?

FLORIDA LEGISLATURE

As in the past, many bills affecting public health, and with which the medical profession was concerned, were introduced at the 1947 session of the Florida Legislature. Some few became laws and, for the most part, appear to be beneficial. Measures generally considered by the medical profession to be detrimental were either defeated or amended sufficiently to remove objectionable portions.

Officers and members of the Association and county societies gave generous cooperation, as they have done in the past. The Committee on Legislation and Public Policy wishes to express its gratitude to all.

One fact standing out as a result of experiences at the recent session seems pertinent. Efforts of those interested in public welfare are no longer adequate if they are equal only to those of the past. Forces on the other side of such controversies are stronger than ever and have strengthened their political fences in no uncertain manner. It thus behooves medical doctors to take even greater interest in these matters if public health and the profession are to be protected from unsound and deleterious statutes.

Legislators are interested in making good laws beneficial to the greatest number. This objective can be attained only if they are well informed. Facts pertaining to public health measures and practice of the healing arts should, and must, come from medical doctors if sound legislation is to result. The lawmakers should have as much accurate information as possible before they become swamped at the general session, and have

it when time is available for study and consideration.

House Bill No. 25, which became a law without much opposition or amending, strengthens enforcement provisions of the narcotic act.

Authorization for the establishment of eye banks is granted through House Bill No. 253, which became a law.

House Bill No. 257 was the highly controversial hospital licensing act. It became a law after much debate and copious amending. As it stands now, only hospitals receiving federal aid are subject to its provisions.

House Bill No. 312, which is now a law, increases the membership of the State Board of Health from three to five. The Governor is now required by law to appoint two medical doctors, one dentist, one pharmacist and one discreet citizen (or a licensed practitioner, under the laws of the State of Florida, of one of the healing arts for the treatment of human ills, other than a doctor of medicine). The statement enclosed in the foregoing parentheses is a result of concerted efforts on the part of those practitioners other than medical doctors to get at least one of their members appointed to the Board of Health. As the law reads, the choice of the fifth member is up to the Governor.

House Bill No. 384, enacted into law, authorizes establishment of cancer units within the state.

House Bill No. 881 became a law, changing the definition of "crippled child." The law now specifically states that "crippling" shall not be limited to an orthopedic condition.

Senate Bill No. 656, enacted into law, is an attempt to clarify the powers, duties, responsibilities and jurisdictions of the Commissioner of Agriculture and the State Board of Health in regard to inspection and control of milk and milk products. This bill precipitated a great amount of interest, discussion and editorial comment throughout the state. Concern was evidenced by the people of Florida when it appeared that inspection of milk was likely to be removed from the jurisdiction of the Board of Health and placed under the Commissioner of Agriculture. The law as it now stands represents a compromise that was satisfactory to the Commissioner of Agriculture, the State Board of Health and the dairy interests.

My resignation as chairman of the Committee on Legislation and Public Policy is now on file. Owing to circumstances over which I have no control, I find it necessary to relinquish this important post. I take this opportunity to thank everyone who has helped in the past to further the work of the Committee and through it the public welfare and the interests of the profession. I bespeak for the Committee under new leadership continued cooperation and renewed zeal.

Harold D. Van Schaick, M.D.

ENACTING CLAUSES OR SYNOPSES OF SOME LAWS PASSED BY THE 1947 LEGISLATURE

Amending sections relating to nursing—Chapter 23742, No. 128. S.B. 95: an act amending Sections 464.02, 464.04, 464.07, 464.08 and 464.09, Florida Statutes 1941, relating to nursing; providing for meetings of the Board, election of officers and appointment of an educational director who shall also act as an inspector for nurses' training schools; providing for maintenance of records of board, nurses' register, registry and inspection of nurses' training schools, revocation of school licenses; authorizing prosecution for violations; establishing salaries of secretary and board members; providing for examinations, issuing and recording certificates, establishing qualifications of applicants and fees required; providing for registration of nurses from other states; establishing list of minimum subjects for examination.

Amending sections relating to the practice of massage—Chapter 23751. No. 137. S.B. No. 151: an act amending Sections 2 (a), 3 (a), 3 (c), 3 (d), 7, 8, 10, 12 and 16 of Chapter 22034, Laws of Florida, Acts of 1943, entitled an act to protect the health, safety and welfare of the people of the State of Florida; defining terms used in this act; prescribing regulations for the practice of massage and the conduct of massage establishments; providing for the creation of a Board of Masseurs and defining the powers and duties of such Board; providing for the inpection of all massage establishments and schools and requiring the registration of all who practice or teach massage; appropriating the proceeds thereof to accomplish the purposes of this act, and providing penalties for the violation of any provisions of this act.

Amending section relating to Florida State Hospital—Chapter 23800. No. 186. H.B. No. 350: an act amending Section 394.01, Florida Statutes, 1941, relating to Florida State Hospital, by providing for the location by law of a branch or branches thereof in other parts of the state, and specifically confirming and establishing the Arcadia branch of said hospital, and providing for its operation, management and control and the conditions for admission of patients thereto; and repealing all laws and parts of laws in conflict berewith.

Authorizing the establishment of eye banks—Chapter 23805. No. 191. H.B. No. 253: an act providing for the donation and bequeathing by any person of his eyes for restoration of sight purposes, and authorizing hospitals and institutions to establish eye banks, and further providing how and to whom persons may denote and bequeath their eyes, and that a bequest in a will of the eyes of a testator shall become effective immediately upon death of the testator, and further providing that the Florida Council for the Blind may assist in the furtherance of the objects of this act, and repealing all laws and parts of laws in conflict herewith.

Amending sections relating to narcotic drugs—Chapter 23823 No. 209. H.B. No. 25: an act to amend Sections 398.02 and 398.18, Florida Statutes of 1941, relating to narcotic drugs, defining such drugs and habitual users, manufacturers and wholesalers, prescribing commitment, treatment, confinement and discharge of habitual users, duties of state attorneys, judges, State Board of Health, Bureau of Narcotics of the State Board of Health, narcotic officers, superintendent of state prison providing for certain reports, rules and regulations, authorizing narcotic officers to administer oaths, providing penalties for falsely representing or interfering with narcotic officers, false statements made to narcotic officers, and repealing all laws in conflict with same.

Amending statute relating to workmen's compensation law—Chapter 23921. No. 307. Committee Substitute for H.B. No. 200: an act to amend Section 440.15, Florida Statutes 1941, as amended by Chapters 22814 and 22852, acts of 1945; and Section 440.20, Florida Statutes 1941, relating to the Workmen's Compensation Law, by relieving the employer of liability for compensation as provided for in Subsection (U) of Section 440.15 (3) which provides "In case of temporary total disability and permanent partial disability both resulting from the same injury, which said injury is one listed in the preceding Paragraphs (A) through (S) inclusive, the injured employee shall be paid sixty per cent centum of his average weekly wage as compensation in addition to that set forth in said Paragrapbs (A) through (S) inclusive, for a period not to exceed twenty weeks", by omit-

ting this subsection from the act entirely; to remove from Section 440.15 the five thousand dollar limitation for non-scheduled permanent partial disabilities; to increase the number of weeks provided for the loss of a leg, hand, foot and eye; to change the limitation provided in Section 440.20 (13) from five thousand dollars to three hundred and fifty weeks; repealing all laws or parts of laws in conflict herewith; and providing for the effective date of this act.

State Board of Health membership—Chapter 24070. No. 456. Committee substitute for H. B. No. 312: an act to amend Section 381.01 of Florida Statutes 1941, relating to the appointment by the Governor, of the members of the State Board of Health, by providing for a membership of five instead of three, and by providing further for the qualifications of the members and their appointment by the Governor.

Relating to Florida beauty culture law—Chapter 24082. No. 468. H.B. No. 374: an act to amend Section 477.20 Florida Statutes, 1941, as amended by Charter 21984, Laws of Florida, Acts of 1943, relating to the "Florida Beauty Culture Law", providing for the organization, compensation, powers and duties of the State Board of Beauty Culture, selection, appointment and employing of inspectors, secretaries, and other persons required in the proper performance of the duties of said Board to employ regular and special counsel, clerks and other assistants deemed necessary to carry out the provisions of the Florida Beauty Culture Law.

Enabling act providing for hospital licensing—Chapter 24091. No. 477. H.B. No. 257: an act to require the licensing, inspection and regulation of hospitals as herein defined; creating a hospital Advisory Council and prescribing its powers; providing for regulations, enforcement procedures, penalties and appropriations.

Promoting the prevention and cure of cancer—Chapter 24093. No. 479. H.B. No. 384: an act to promote the prevention and cure of cancer; to authorize the Florida State Board of Health to establish a standard for the organization, equipment and conduct of cancer units or departments in hospitals or in clinics in this state; to conduct an educational campaign for the control of cancer; provide a plan for the care and treatment of indigent persons suffering from cancer.

Relating to the practice of chiropody—Chapter 24104. No. 490. H.B. No. 739: an act to amend Section 5 of Chapter 15911, Laws of Florida, 1933, entitled "An act defining and regulating the practice of chiropody, providing for the examination and licensing of chiropodists, providing for exemptions from this act, creating a Board of Chiropody Examiners, providing penalties for the violation of this act, repealing laws in conflict herewith and fixing the date upon which this act becomes effective", as amended by Chapter 19304, Laws of Florida 1939, and amending said act so as to provide for compensation and expenses of members of the State Board of Chiropody Examiners; provide eligibility for board membership; provide for disposition of fees and annual treasury statement; provide for procedure for injunction; provide for procedure to revoke licenses; provide right of Board to employ counsel; prohibit unauthorized peddling of remedies.

Amending section relating to occupational taxes—Chapter 24112. No. 498. H.B. No. 565: an act amending Section eleven of Chapter 205, Florida Statutes of 1941, relating to occupational license taxes, and providing penalties for delinquencies in the payment of such taxes.

Authorizing correction of errors in birth certificates—Chapter 24114. No. 500. H.B. No. 548: an act authorizing, empowering and directing the Bureau of Vital Statistics of the State of Florida to correct errors of a general or clerical nature appearing in birth certificates, upon affidavit of either parent of a child.

Chapter 24169. No. 555. H.B. No. 1209: an act authorizing the State Board of Health to take title to certain property.

Amending sections relating to regulation and inspection of milk—Chapter 24277. No. 663. S. B. No. 656: an act amending Sections 502.04, 502.19, 502.22, 502.25 and 502.26, Florida Statutes 1941, relating to milk, cream and milk products; declaring policy of state as to administration and enforcement of legislation, and regulations concerning production, processing and distribution of milk, cream and milk products, and providing for cooperation between Commissioner of Agriculture and State Board of Health as to the same.

Relating to occupational licenses for the practice of medicine—Chapter 24352. No. 738. H.B. No. 440: an act making it unlawful for tax collectors of the several counties of State of Florida to issue state and county occupational licenses for the practice of medicine in any of its branches to any persons who do not possess and exhibit at the time of making application for such license certificate or license of current qualification and competency issued by State Boards legally authorized to determine qualification and competency; providing that no license tax now imposed by law be repealed and repealing all laws or parts of laws in conflict therewith.

Defining "crippled child"—Chapter 24366. No. 752. H.B. No. 881. Section 391.01, Florida Statutes of 1941, amended to read: "For the purpose of this chapter 'a crippled child' is defined as any person of normal mentality under the age of twenty-one years whose physical functions or movements are impaired by accident, disease or congenital deformity, regardless of whether or not such impaired physical functions or movements are due to an orthopedic condition; it shall include children suffering from any disease or condition which is likely to result in a crippling condition. Nothing in this chapter shall be construed to limit the duties, functions and services of the Florida Crippled Children's Commission to orthopedic cases".

STATE NEWS ITEMS

Dr. J. Webster Merritt of Jacksonville spoke to a group of physicians on October 22 in Tampa. These doctors who meet periodically are interested in the historical aspects of medicine and in the personal lives of outstanding medical men. Dr. Merritt discussed "The History of Medicine in Southern Florida." On August 7 Dr. Henry Fuller of Lakeland spoke to the group on "The Life of Dr. John Gorrie."

Association members who attended the October 22 meeting were: Drs. Jere W. Annis, Henry Fuller, William P. Logan, Lakeland; Drs. Arnold S. Anderson, Roscoe H. Knowlton, Norval M. Marr, Robert J. Needles, Wm. G. Post, Jr., Richard Reeser, Jr., H. Milton Rogers, St. Petersburg; Drs. William C. Blake, Joseph C. Flynn, Kenneth G. Gould, H. Phillip Hampton, Tampa.

At the Thirty-Third Convocation of the American College of Surgeons, held in New York on Sept. 12, 1947 as the final event of the Clinical Congress, thirteen initiates from Florida were accepted into fellowship. They are Drs. Herman Boughton, Miami Beach; Herschel G. Cole, Tampa; Edward W. Cullipher, Miami; James G. Economon, Orlando; Thomas M. Edwards, Tampa; Oren A. Ellingson, Tampa; Eugene T. Foy, St. Augustine; Eugene L. Jewett, Orlando; Joseph Lomax, Miami; John E. Maines, Jr., Gainesville; William S. Mitchell, Orlando; Bailey B. Sory, Jr., Palm Beach; and Herbert W. Virgin, Jr., Miami.

Eighteen members of the Florida Medical Association attended the meeting of the American Congress on Obstetrics and Gynecology which was held in St. Louis from September 8 to 12.

Florida registrants were: Dr. Cleland D. Cochrane, Daytona Beach; Dr. Benjamin F. Hart, Fort Lauderdale; Dr. William C. Thomas, Gainesville; Drs. Thomas S. Field, Samuel R. Norris, Frederick J. Waas, Jacksonville; Dr. Isaac M. Hay, Melbourne; Drs. William M. Howdon, Ralph W. Jack, Young C. Lott, John D. Milton, Homer L. Pearson, Jr., Robert T. Spicer, Miami; Dr. Maurice J. Rose, Miami Beach; Drs. Dorothy D. Brame, Chas. J. Collins, Orlando; Dr. Oren A. Ellingson, Tampa; Dr. James A. Sory, West Palm Beach.

The 3rd annual meeting of the Southeastern Allergy Association will be held at the Jefferson Hotel in Richmond, Va., on January 17 and 18.

At the 16th annual assembly of the Southeastern Surgical Congress which will be held at the Hollywood Beach Hotel in Hollywood from April 5 to 8, several members of the Florida Medical Association are scheduled to appear on the program. Drs. Edward Jelks and James G. Lyerly of Jacksonville, Drs. L. Washington Dowlen and Walter C. Jones of Miami and Dr. Louis M. Orr II of Orlando are among the 46 surgeons who are to participate, according to a preliminary announcement made by the Congress.

The midwinter meeting of the Florida Society of Ophthalmology and Otolaryngology will be held on Sunday, January 11, 1948, at the Flamingo Hotel in Miami Beach. It immediately precedes the University of Florida Midwinter Seminar in Otolaryngology and Ophthalmology, which opens there on January 12.

Dr. Frank G. Slaughter of Jacksonville is the author of "The Golden Isle," which went on sale October 15. The novel, published by Doubleday and Company, has its setting on Amelia Island and the original town of Fernandina. Dr. Slaughter is the author of seven other books and numerous short stories.

Dr. Leo M. Wachtel of Jacksonville announces the reopening of his office at 352 St. James Building. Dr. Wachtel became inactive ten months ago when he received injuries as the result of an automobile accident.

Dr. R. Judson Pearson, Jr., of Jacksonville has recently returned from Mayo Clinic where he completed a course in Gastroenterology.

A step forward in Florida's tuberculosis control program has been reported by Dr. Louie Limbaugh, chairman of the Tuberculosis and Public Health Committee, who announced that the three state tuberculosis agencies have appointed a coordinator to increase the efficiency of their work and develop a new method to be used in mass x-ray surveys.

Mrs. Ramona D. Masure, former field secretary for the Florida Tuberculosis and Health Association, has been named to the position of coordinator. She is jointly employed by the State Board of Health, the State Tuberculosis Board and the Florida Tuberculosis and Health Association, and her duties will be to link together the activities of these agencies.

The first phase of the new program will be the concentrated mass x-ray surveys under the Bureau of Tuberculosis Control, in which every resource will be thrown into one county at a time in an attempt to x-ray every person over 15 years of age. Dr. Clarence M. Sharp, director of the Bureau, has said that under this new system it may be possible to x-ray a million Floridians if complete cooperation is obtained.

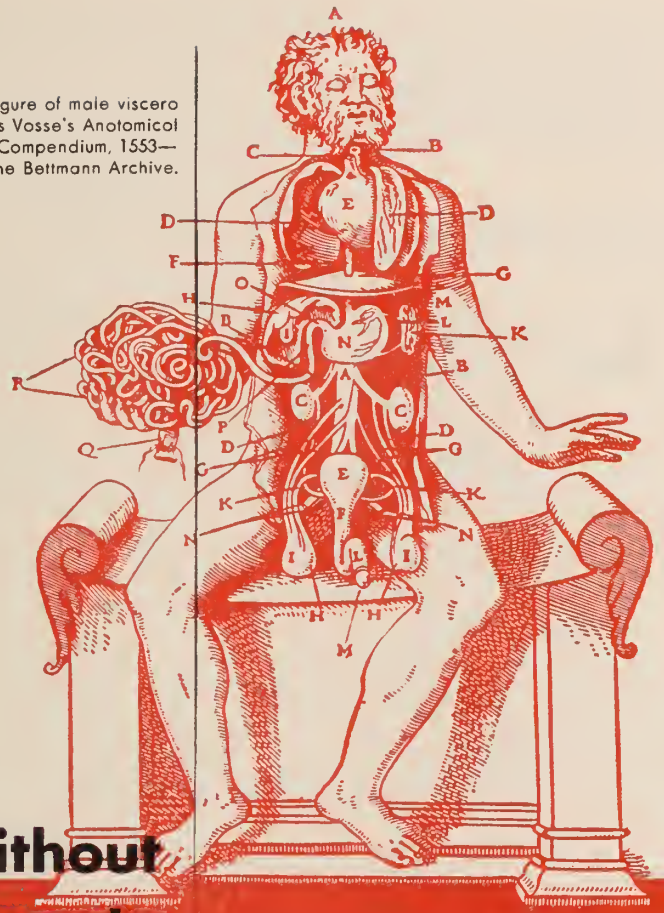
Dr. Douglas G. Scott of Jacksonville Beach has been elected president of the Beaches Kiwanis Club.

Dr. Sidney G. Kennedy, Jr., of Pensacola is the newly elected first vice president of the Gulf Coast Clinical Society which met on October 2 in Mobile, Ala.

Dr. John T. Stage and Dr. Lawrence E. Geeslin of Jacksonville were guest speakers at the first Fall meeting of the Jacksonville Dental Society which was held on October 15. Dr. Stage spoke on "Pre-Medication and General Anesthesia for the Dental Patient," while Dr. Geeslin discussed "The Internist and the Dentist."

The election of Association officers will be held in the House of Delegates. More than three-fourths of the county medical societies have ratified the action of the House of Delegates which amended the Association's Constitution to provide for the election of officers in the House of Delegates. The election will be held at noon on the last day of the annual meeting on April 14, 1948. For many years the election of officers has been held in the last general assembly.

Dr. Mark F. Boyd of Tallahassee and Dr. Ernest Edwards of Miami were recently appointed by Gov. Millard F. Caldwell as members of the State Board of Health. The 1947 legislature increased the number of members from three to



Anatomy: Figure of male viscera from Loys Vosse's Anotomicol Compendium, 1553— Courtesy, The Bettmann Archive.

Without accurate knowledge...

of human anatomy and physiology, without stethoscope or electrocardiograph, it is small wonder that physicians of the 16th Century were helpless before many of the conditions for which present day medicine possesses efficient treatment.

Present day knowledge of the anatomy and physiology of the heart and respiratory tract has led to the widespread use of

SEARLE **AMINOPHYLLIN***

to increase the cardiac output, stimulate diuresis, relax bronchial musculature in such conditions as congestive heart failure, paroxysmal dyspnea and bronchial asthma.

G. D. Searle & Co., Chicago 80, Illinois

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

*Searle Aminophyllin contains at least 80% of anhydrous theophylline

five. The recently appointed members are to serve four year terms. Other members, whose terms expire in 1949, are Dr. Herbert L. Bryans of Pensacola, Dr. Robert B. McIver of Jacksonville and William Parr of Tampa.

BIRTHS, DEATHS AND MARRIAGES

BIRTHS

Dr. and Mrs. James L. Borland, Jacksonville, announce the birth of a son, Thomas Parry, on Oct. 13, 1947.

Dr. and Mrs. Rene A. Torrado, Miami Beach, announce the birth of a son, Rene A. II, on Aug. 4, 1947.

Dr. and Mrs. Robert Y. H. Thomas, Jacksonville, announce the birth of a son on Aug. 7, 1947.

Dr. and Mrs. Bruce D. Carroll, Miami, announce the birth of a son, Robert Bruce, on Sept. 28, 1947.

DEATHS—MEMBERS

Dr. Warren A. Brewster, Callahan ..... Oct. 14, 1947

Dr. Harold E. Weller, St. Petersburg ..... Oct. 3, 1947

DEATHS—OTHER DOCTORS

Dr. Ledge W. McNeill, (col.) Bartow ..... July 16, 1947

Dr. Samuel E. Johnson, (col.) Tampa ..... Sept. 20, 1947

Dr. C. Frederick Duncan, (col.) Jacksonville ..... March 26, 1947

MARRIAGES

Dr. W. Stewart Flanagin of Jacksonville and Miss Lillian Greenlee Tate of Murphy, N. C., were married on July 31, 1947.

Dr. A. Lamar Matthews, Jr., of Sarasota and Miss Pat Connors were married in October, 1947.

Dr. Franklin W. Roush, Sr., of St. Petersburg and Mrs. Julia M. Rhoads of Hillsboro, Texas, were married on Sept. 4, 1947.

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

WANTED: Graduate physician. Florida license not required. For further information write Florida State Hospital, P. O. Box 189, Arcadia, Florida.

COMPONENT COUNTY SOCIETIES

DUVAL

The final meeting before summer adjournment of the Duval County Medical Society was held on June 3 at the Mayflower Hotel in Jacksonville. The scientific program was presented by Dr. Melvin B. Wine, Thomasville, Ga., who spoke on "X-Hay Fever of the South." The paper was discussed by Drs. H. Marshall Taylor, J. Frank Wilson, Turner Z. Cason, Lawrence E. Geeslin and Karl B. Hanson.

Dr. Frank L. Fort discussed the need for a hospital and the efforts made by the Baptist Hospital Association to obtain a hospital. His resolution that the membership support the efforts of the Baptist Hospital Association was accepted.

PINELLAS

Dr. J. Braden Quicksall, retiring president of the society, presented the gavel to his successor, Dr. M. Eldridge Black, at the annual meeting which was held on October 2. Other officers of the society are Drs. Francis H. Langley, president-elect; Albert R. Frederick, first vice president; Clyde O. Anderson, second vice president; Whitman C. McConnell, secretary-treasurer.

Delegates and alternates were elected to the House of Delegates of the State Association as follows: delegates—Drs. M. Eldridge Black, Whitman C. McConnell, Harold E. Winchester, William M. Davis, Whitman H. McConnell, Norval M. Marr, Councill C. Rudolph, Annette M. Feaster; alternates—Drs. N. Worth Gable, Arthur J. Bieker, Jr., Alvin L. Mills, Percy H. Guinand, R. Wynn S. Owen, Orion O. Feaster, Daniel F. H. Murphey, Robert J. Needles.

President Black appointed Drs. Orion O. Feaster, chairman, Alvin J. Wood and H. Milton Rogers as members on a committee which will canvass members of the society on their suggestions for nominees to be supported for president-elect of the Florida Medical Association.

SARASOTA

At the monthly meeting which was held on October 14 two representatives from the Florida Medical Service Corporation outlined the progress of the organization throughout the state. Eleven physicians enrolled as participants in the plan, making a total of 17 enrollees from the county.

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

MIAMI SURGICAL COMPANY
Established 1926

Hospital and Physicians' Supplies

Headquarters for

Laboratory Supplies, Laboratory Chemicals and Reagents

We respectfully solicit your orders

Telephone 3-1302
213 S. E. First Street **MIAMI 4, FLORIDA**

J.K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLIGICALS **TEST SOLUTIONS**
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

ACCIDENT - HOSPITAL - SICKNESS
INSURANCE
or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	$8.00 Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	$16.00 Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	$24.00 Quarterly
$20,000.00 accidental death $100.00 weekly indemnity accident and sickness	$32.00 Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

80c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS — $14,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
45 years under the same management
400 First National Bank Building, OMAHA 2, NEBRASKA

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY AR-EX *Cosmetics*

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.



HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the American Psychiatric Association

MIAMI RETREAT SANATORIUM

FOUNDED 1927

For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites

79TH STREET AT MIAMI AVENUE
MIAMI 38, FLORIDA

Phone 7-1824



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.

The Brown Schools

INC.

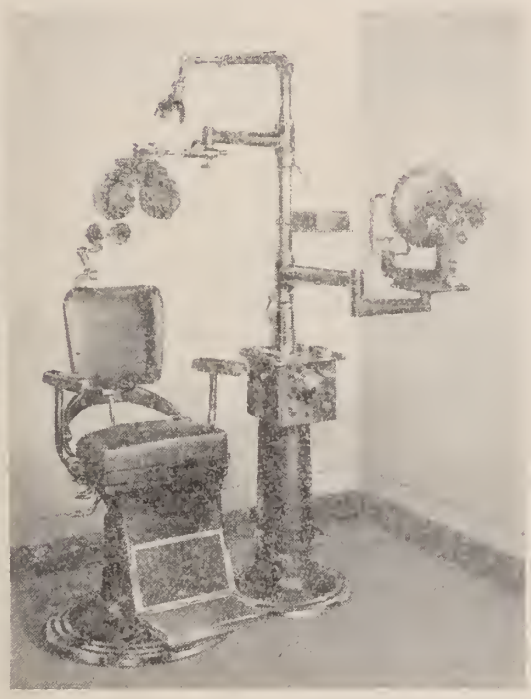
FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas

DELUXE OPHTHALMIC CHAIR AND UNIT

The Recognized Leader in Professional Refracting Equipment



Check All These Time-Tested Features:

- Smart Practical Design
- Smooth Independent Operation
- Quick Easy Adjustability
- Relaxed Comfort for Patients
- Convenient Placement of Instruments
- Complete Electrical Equipment
- Lifetime Guarantee of Oil Compression Units
- Durable Construction Throughout

Available in choice of attractive finishes . . . grained mahogany, walnut, ivory-tan, gray, or white.

For further information call, write, or visit your nearest AO Branch.

American Optical Company

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
da Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 1948
da Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Live Oak, 1948
Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	Daytona Beach, 1948
Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Bradenton-Sarasota, 1948
Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	West Palm Beach, 1948
rican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	
hern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
ama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Mobile, Apr. 15, 16, 17, 1948
gia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Atlanta, Apr. 27-30, 1948
da—			
ademy of Medicine	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
ction, Am. College Phys.	William C. Blake, Tampa	Scheffel H. Wright, Miami	Tampa, Dec. 8, 9, 1947
sic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	
ntal Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
rm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
alth Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
spital Association	E. C. H. Pearson, W. P. Beach.	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
spital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
lustrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
dical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville
dical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
dical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	St. Augustine
urology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
rses Association, State	Miss Elizabeth Reed, Jacksonville	Helen Shearston, Miami	West Palm Beach, Fall, 1948
hthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
thological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
diatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
armaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
blic Health Association	Wilson T. Sowder, Jacksonville	Mr. Fred B. Ragland, Jacksonville	Panama City, Oct. 7-9, 1948
diological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
berculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss
heastern Surgical Congress	Herbert Acuff, Knoxville, Tenn	B. T. Beasley, Atlanta	Hollywood, Apr. 5-8, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		13	100%	
	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	57	100%	A-1-48 Wm. C. Roberts, M. Panama City
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	6	
	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	15	13	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	43	42	A-2-49 Irby H. Black, M.I Live Oak
	Madison-Suwannee	Joshua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		9	100%	
	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	4	100%	177
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Tuesday 8:00 P.M.	32	29	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	234	227	
	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	29	100%	
	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	7	100%	
	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	100%	
	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. K. Cataro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	100%	
	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	13	B-4-49 Rabun H. Williams, Eustis
	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	23	20	
	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	123	121	
	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	53	50	552
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	137	100%	C-5-49 John M. Butcher, Sarasota
	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	16	100%	
	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	100%	
	Pinellas	M. Eldridge Black 311 Coachman Bldg. Clearwater	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	147	12	
	Sarasota	Reaves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M.D. 209 Oak St. Sarasota	2nd Tuesday 8:30 P.M.	24	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula	2nd Tuesday 8:00 P.M.	21	100%	
	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. Honse, M.D. Rm. 2-3, Darling Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	17	C-6-48 James R. Boulware, Jr., M. Lakeland
	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 7:00 P.M.	75	73	453
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	83	80	D-7-48 Adrian M. Sample, Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	19	100%	
	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. First National Bank Bldg. Hollywood	4th Tuesday 8:00 P.M.	57	55	D-8-49 Russell B Carson, Ft. Lauderda
	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	437	427	
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	9	100%	605

*Supervise and aid until organized separately.

Total 1,7

Pure..
Wholesome..
Refreshing



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

The pause that refreshes



The rooster's legs are straight.

The boy's are not.

The rooster got plenty of vitamin D.

Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV JANUARY, 1948 No. 7

THE N.Y. ACADEMY OF MEDICINE
JAN 13 1948
LIBRARY.

IN THIS ISSUE

Surgical Approach to the Treatment of Certain Heart Diseases
Emil M. Isberg

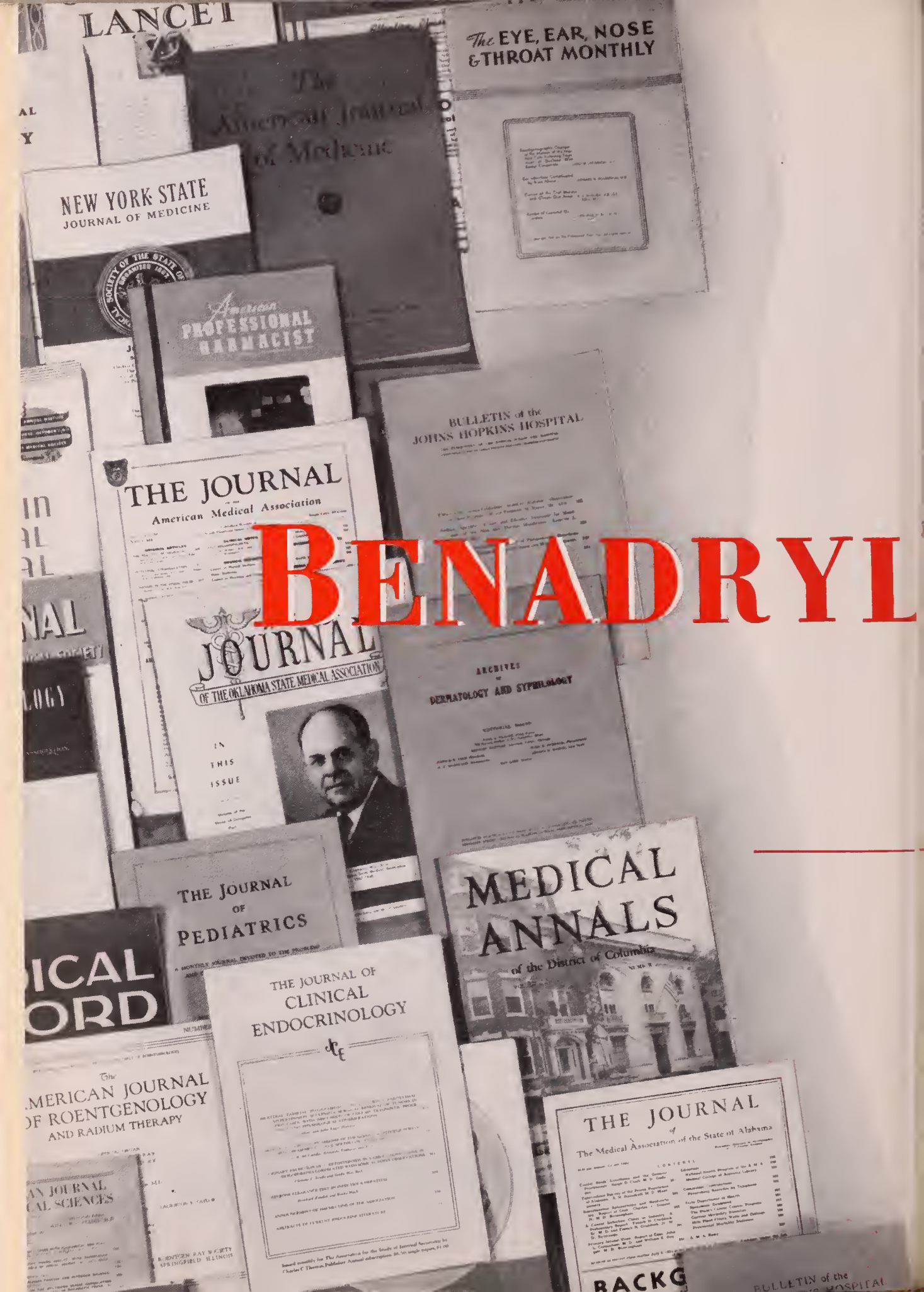
Traumatic Injuries of the Urinary System
Arthur J. Butt

Undulant Fever: Report of Two Cases
Miriam M. Drane

Crisis Produced by a Shortage of Nurses
New Election Procedure
Editorials

(Complete Table of Contents Page 368)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.


LANCET
The EYE, EAR, NOSE & THROAT MONTHLY
The American Journal of Medicine
NEW YORK STATE JOURNAL OF MEDICINE
American PROFESSIONAL PHARMACIST
BULLETIN of the JOHNS HOPKINS HOSPITAL
THE JOURNAL
American Medical Association
JOURNAL
OF THE OKLAHOMA STATE MEDICAL ASSOCIATION
IN THIS ISSUE
ARCHIVES of DERMATOLOGY AND SYPHILOGY
BENADRYL
THE JOURNAL OF PEDIATRICS
MEDICAL ANNALS
of the District of Columbia
THE JOURNAL OF CLINICAL ENDOCRINOLOGY
The AMERICAN JOURNAL OF ROENTGENOLOGY AND RADIUM THERAPY
THE JOURNAL of The Medical Association of the State of Alabama
CONTENTS

'round the country all year 'round
reports published in the medical literature
keep telling **THE BENADRYL STORY:**

quick and economical relief in the majority of cases of allergy

Report after report corroborates BENADRYL's clinical efficacy. Study after study attests its value as an anti-histaminic agent in urticaria, penicillin and other drug sensitizations, food allergy, serum reactions, contact dermatitis, hay fever, erythema multiforme, pruritic skin lesions, angioneurotic edema, and vasomotor rhinitis.

BENADRYL HYDROCHLORIDE (diphenhydramine hydrochloride P. D. & Co.) is available in Kapseals® of 50 mg. each, in capsules of 25 mg. each, and as a palatable elixir containing 10 mg. in each teaspoonful. Descriptive literature on request.

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

MEDICAMENTA VERA · P & CO.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

Volume XXXIV **JANUARY, 1948** **No. 7**

CONTENTS

SCIENTIFIC ARTICLES

The Surgical Approach to the Treatment of Certain Heart Diseases, Emil M. Isberg, M.D. 383
Traumatic Injuries of the Urinary System, Arthur J. Butt, M.D. 387
Undulant Fever: Report of Two Cases, Miriam M. Drane, M.D. 393
Child Management in Public Health Dentistry, D. H. Turner, D.D.S. 396

ABSTRACTS OF MEDICAL ARTICLES

Certain Factors Influencing Cancer Curability, Alfred G. Levin, M.D. 398
Polyps of the Stomach with Reference to the Gastroscopic Findings, W. D. Paul, M.D., and W. P. Logan, M.D. 398

EDITORIALS

The Crisis Produced by a Shortage of Nurses 400
New Election Procedure 400
Committee Reports and Resolutions 401
The A. M. A. Resolves—Do You? 401
Eye Banks 402
Good Medicine for What Ails Us 403
Malaria Remains Endemic in Florida 403
Topical Use of Sulfonamides Disapproved 404

COMMENTARIES

Cancer Seminar Great Success 404
American College of Surgeons Sectional Meeting 405
1948 Atlanta Postgraduate Assembly 405

GENERAL FEATURES

Officers and Committees 399, 400
Public Relations 406
Births and Deaths 406
State News Items 407
Medical Officers Returned 409
Medical District Meetings, 1947 409
Component Society Notes 413
Warren Augustine Brewster (Obituary) 414
Carney Wilson Mimms, Sr. (Obituary) 416
Harold Eugene Weller (Obituary) 416
Woman's Auxiliary Officers 416
Schedule of Meetings 429

This Journal is not responsible for the opinions and statements of its contributors.

Published monthly at Jacksonville, Florida. Price $5.00 a year; single numbers, 50 cents. Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.), Jacksonville 1, Fla. Telephone 5-0577. Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918. Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924.

the far-reaching effects of Amniotin therapy



AMNIOTIN, Squibb complex of natural mixed estrogens, provides menopausal therapy *beyond the mere relief of vasomotor symptoms.* Amniotin does *more* than relieve climacteric flushes and sweating. The patient experiences a heightened feeling of well-being, improved strength and vigor, and "a greater sense of general relief, exclusive of the amelioration of hot flashes".[1] These are advantages attributed by many investigators to natural estrogen therapy.

Side-effects such as dizziness, headache, or nausea are rare with Amniotin therapy. Amniotin is well tolerated. It is easily metabolized by the body; readily detoxified by the liver.

Amniotin therapy is readily adaptable to each individual case. Whether symptoms are mild, moderate or severe, oral and intramuscular forms in a variety of potencies fulfill every need. Capsule suppositories are also available.

Amniotin
TRADEMARK

SQUIBB *complex of natural mixed estrogens*

tests prove

(full details upon request)

KOROMEX JELLY
KOROMEX CREAM

the two companion items contain the same active ingredients (and same pH) differing only in degree of lubrication



ACCEPTED AMERICAN MEDICAL ASSN

provide

fastest spermicidal time	measurable under Brown and Gamble technique
proper viscosity	for cervical occlusion
stable over long period of time	pH that is uniform with vaginal flora
non-toxic	low index of irritability
time tested clinical record	send for literature

prescribe Koromex Jelly and Koromex Cream with confidence

Active ingredients: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in suitable jelly and cream bases.

by the makers of Koromex Diaphragm

HOLLAND-RANTOS COMPANY, INC., 551 FIFTH AVENUE, NEW YORK 17, N. Y.



The Book of Life
. . . on one page

"Each person in the world creates a Book of Life. This book starts with birth and ends with death... has many pages for some and is but a few pages in length for others."[1]

A single page tells the life story of those infants who die within the first 30 days after birth. It is during this fatal first month that 62.1% of all infant mortality occurs—an increase of almost 10% in the past 20 years. There is urgent need then to utilize every advantage science offers in eliminating the hazards of neonatal life. A good start on the right feeding can do much to minimize the gastrointestinal hazards of excessive fermentation, upset digestion and diarrhea.

'Dexin' has proved an excellent "first carbohydrate" because of its high dextrin content. It (1) resists fermentation by the usual intestinal organisms; (2) tends to hold gas formation, distention and diarrhea to a minimum, and (3) promotes the formation of soft, flocculent, easily digested curds. 'Dexin' *does* make a difference.

1. Dunn, H. L.: Am. J. Pub. Health 36:1412 (Dec.) 1946.

'Dexin' HIGH DEXTRIN CARBOHYDRATE
BRAND

Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available Carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association.
'Dexin' Reg. Trademark

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 East 41st St., New York 17, N. Y.

middle age + a youthful spirit

Impairment of physical and mental activity is often the lot of the menopausal woman, beset as she is with distressing somatic and emotional symptoms.

With **"Premarin,"** *such vagaries of the climacterium may be prevented. In addition to prompt relief of physical discomfort following therapy, many patients attest to a "sense of well-being" marking the difference between inactive and spirited existence...the "plus" in* **"Premarin"** *therapy that gives the middle-aged woman a new lease on useful and pleasurable living.*



Because **"Premarin"** *is available in three potencies, the physician is able to adapt estrogenic therapy to the particular needs of the patient. Tablets are available in 2.5 mg., 1.25 mg. and 0.625 mg.; liquid, 0.625 mg. in each 4 cc. (1 teaspoonful).*

While sodium estrone sulfate is the principal estrogen in **"Premarin,"** *other equine estrogens...estradiol, equilin, equilenin, hippulin... are probably also present in varying amounts as water soluble conjugates.*

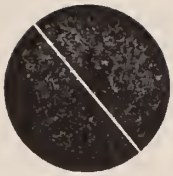
Ayerst

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION

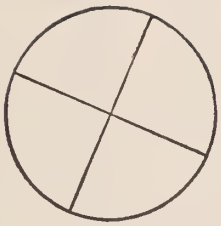
"PREMARIN"®

CONJUGATED ESTROGENS (equine)

Ayerst, McKenna & Harrison Limited 22 East 40th Street, New York 16, New York



For medically sound reduction of overweight...



Benzedrine Sulfate—rational and accepted

Benzedrine Sulfate, by safely depressing the overweight patient's appetite, ordinarily curbs excessive eating. Lowered caloric intake and loss of weight naturally follow. Hence, Benzedrine Sulfate therapy is medically sound and highly effective.

Thyroid—irrational, potentially dangerous and widely condemned

In overweight, most authorities strongly condemn thyroid therapy as irrational and potentially dangerous, except in those rare instances when an accompanying hypothyroidism has been definitely demonstrated.

Benzedrine Sulfate—unlike thyroid—ordinarily, in the proper dosage, has no significant effect on the basal metabolic rate, blood pressure, or heart rate. Harris, Ivy and Searle,[1] after a comprehensive series of functional tests, conclude: "No evidence of deleterious effects of the drug (amphetamine sulfate) was observed."

[1]Harris, S. C.; Ivy, A. C., and Searle, L. M.: THE MECHANISM OF AMPHETAMINE-INDUCED LOSS OF WEIGHT: A Consideration of the Theory of Hunger and Appetite, J.A.M.A. 134:1468 (Aug. 23) 1947.

Benzedrine* Sulfate

Tablets Capsules Elixir **One of the fundamental drugs in medicine**

Accepted by the Council on Pharmacy and Chemistry of the AMA for use in treatment of overweight.

Smith, Kline & French Laboratories, Philadelphia

*T.M. REG. U.S. PAT. OFF. FOR RACEMIC AMPHETAMINE SULFATE, S.K.F.

for those sensitive to the proteins in milk . . .







• When children (infants and adults, too) are unable to tolerate the animal proteins in cow's milk, MULL-SOY—the emulsified soy concentrate—is the replacement of choice. It is highly palatable, and easily digestible, without the offending proteins of animal origin.

• MULL-SOY is a biologically complete vegetable source of all essential amino acids. In standard 1:1 dilution, it also provides the other important nutritional factors of fat, carbohydrate and minerals in quantities that closely approximate those of cow's milk.

• To prepare MULL-SOY, simply dilute with equal parts of water.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N. Y.
In Canada write The Borden Company, Limited, Spadina Crescent, Toronto

mull-soy



MULL-SOY is a liquid hypoallergenic food prepared from water, soy flour, soy oil, dextrose, sucrose, calcium phosphate, calcium carbonate, salt and soy lecithin; homogenized and sterilized. Available in 15½ fl. oz. cans at drug stores everywhere.

when milk becomes "forbidden food"



"... started in the hospital and continued at home"*

*"Every infant, including every breast-fed infant, should receive vitamin D by mouth as early as practicable."**

White's Cod Liver Oil Concentrate Liquid provides natural vitamins A and D of time-proved cod liver oil—at a cost-to-patient of about a penny a day for antirachitic protection for the average infant. In Liquid form for drop dosage to infants—convenient, palatable, economical. Also available in Tablets and Capsules.

*Clements, F. W.: Rickets in Infants under One Year. The Incidence in an Australian Community and a Consideration of the Etiological Factors, Med. J. Australia, 1:336 (1942).

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.



"...just as important for older children..."[1]

"Older children require prophylactic doses of vitamin D until maturity, especially during periods of rapid growth."[2]

White's Cod Liver Oil Concentrate Tablets provide a pleasant, economical means of supplying *assured* antirachitic protection—wholly natural vitamins A and D in a form older children (2-14 years of age) enjoy taking regularly.

White's Cod Liver Oil Concentrate is wholly derived from time-proved cod liver oil itself. Liquid, Tablet and Capsule forms.

1. Nutting, R. E.: Minn. Med., 26:1039-1044 (Dec.) 1943
2. Kugelmass, I. N.: Newer Nutrition in Pediatric Practice, p. 653, Lippincott, Phil., 1940.

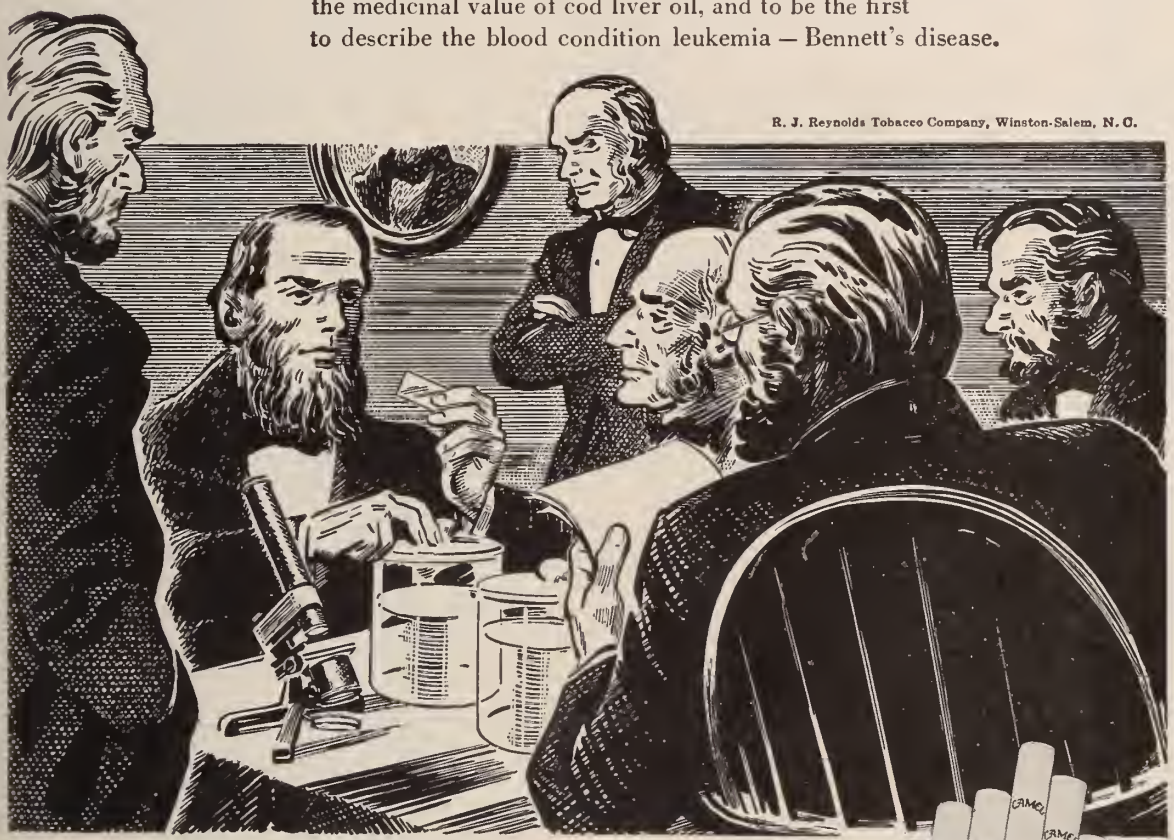
White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

Experience is the Best Teacher

JOHN HUGHES BENNETT (1812-1875) proved it in histology

Bennett's experiences, gained by linking physiology with clinical medicine, led him to institute the practical study of histology, to recognize the medicinal value of cod liver oil, and to be the first to describe the blood condition leukemia — Bennett's disease.

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.



Yes! And experience is the best teacher in smoking, too!



DURING the wartime cigarette shortage, people smoked many different brands—any brand they could get. And as they smoked—they naturally compared the different brands . . . for taste, for mildness, for coolness . . . for all-round smoking enjoyment. More and more smokers found from the experience of those comparisons that Camels suit them best.

Result? *More people are smoking Camels than ever before!*



According to a Nationwide survey:

More Doctors Smoke CAMELS

than any other cigarette

Three nationally known independent research organizations asked 113,597 doctors — in every branch of medicine — to name the cigarette they smoked. *More doctors named Camel than any other brand.*

Now More Than Ever
The Physician's Advice Is Needed

Much confusion has resulted in the public's mind because of the conditions prevailing in the food field. Lessened food availability, the need of many people to economize, and the desire to cooperate with the government's aim toward world-relief, may well lead to deterioration of the nutritional state, unless competent guidance is offered.

The physician's advice appears particularly important in the realm of protein nutrition. Lack of appreciation by some people for the more economical cuts and grades of meat, as well as the variety (or organ) meats, frequently interferes with the use of these excellent sources of high quality protein.

All meat, whatever the kind or grade, or organ meat, supplies the essential amino acids indispensable for body maintenance, growth, repair and many other essential functions.

Furthermore, all meat—regardless of cut or kind—is 96 to 98 per cent digestible.

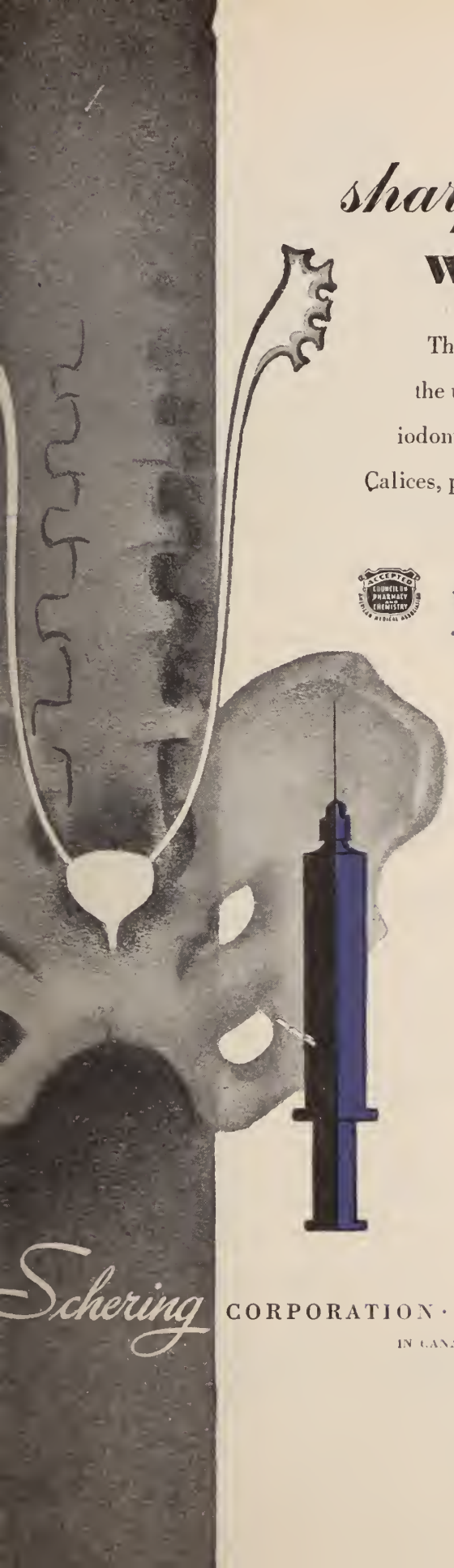
By encouraging wider utilization of lower priced meats the medical profession can render a real service to budget conscious patients in maintaining the quality of protein nutrition and the wholesomeness of the daily diet.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



sharply outlined

WITH SAFETY

The urinary tract is sharply outlined with the use of NEO-IOPAX* (brand of sodium iodomethamate) for intravenous urography. Calices, pelvis and ureter are clearly visualized within 5 to 10 minutes.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

NEO-IOPAX

(DISODIUM N-METHYL-3,5-DIIODO-CHELIDAMATE)

urography

assures adequate contrast in the diagnosis of congenital anomalies, hydronephrosis, pyelonephrosis, tumors, renal calculi and ureteral strictures.

NEO-IOPAX, a stable solution of pure disodium N-methyl-3.5-diiodo-chelidamate, in ampuls of 50 or 75% solution for intravenous use. It may be diluted to 20% solution for *retrograde pyelography*.

•®

Schering CORPORATION · BLOOMFIELD, NEW JERSEY

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

NEO-IOPAX

SCHERING



"Forceps, sponge,
retractor . . . Oh, Oh . .

Call THE BYRON THOMPSON MAN!"

Perhaps this young surgeon has slightly too high an opinion of the service we render. But it is true that we are in a position to help solve many of the equipment and supply problems that pop up unexpectedly in a hospital operating room.

We keep over 15,000 items in stock. We handle the lines of nearly 400 of the leading manufacturers. We can furnish any one of these items to you promptly, day or night. Furthermore, when equipment gets out of whack — and even the finest will do it at the darndest times—we're right in there pitching to help you fix it. We maintain one of the best service staffs in the country to keep your equipment up to snuff all the time.

What does this service mean to you? Time, for one thing. Inventory, for another. Money, for the third. You'll be surprised at the advantages in time, money and convenience when you make it a habit to . . .

Call the Byron Thompson Man!

Byron Thompson & Company

INCORPORATED

ESSENTIALS FOR SCIENTIFIC PROGRESS

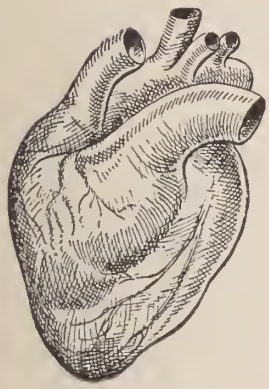
DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE · MIAMI · ORLANDO

1 Precise Administration
2 Minimum Irritation
3 Complete Absorption
4 Sustained Action



For oral use 0.2 mg. tablets—vials of 30, bottles of 100 and 500; 0.1 mg. tablets—bottles of 100 and 500 • For intravenous injection: 1 cc. ampuls, 0.2 mg.



Purodigin has these advantages:

PRECISE DOSAGE: Purodigin (Digitoxin Wyeth) is absolutely uniform . . . standardized by weight, prescribed by weight.

LACK OF IRRITATION: Purodigin is concentrated—dosage is only *one thousandth* that of digitalis leaf. Nausea is rare.

ABSORPTION of Purodigin is virtually complete. Almost no irritating residue is left in the digestive tract.

SUSTAINED ACTION: Purodigin remains in the body as long as digitalis.

Try Purodigin—especially for those patients who do not easily tolerate digitalis leaf. Without interrupting treatment, simply prescribe 0.1-0.2 *milligram* Purodigin in place of 0.1-0.2 *gram* digitalis.

PURODIGIN®

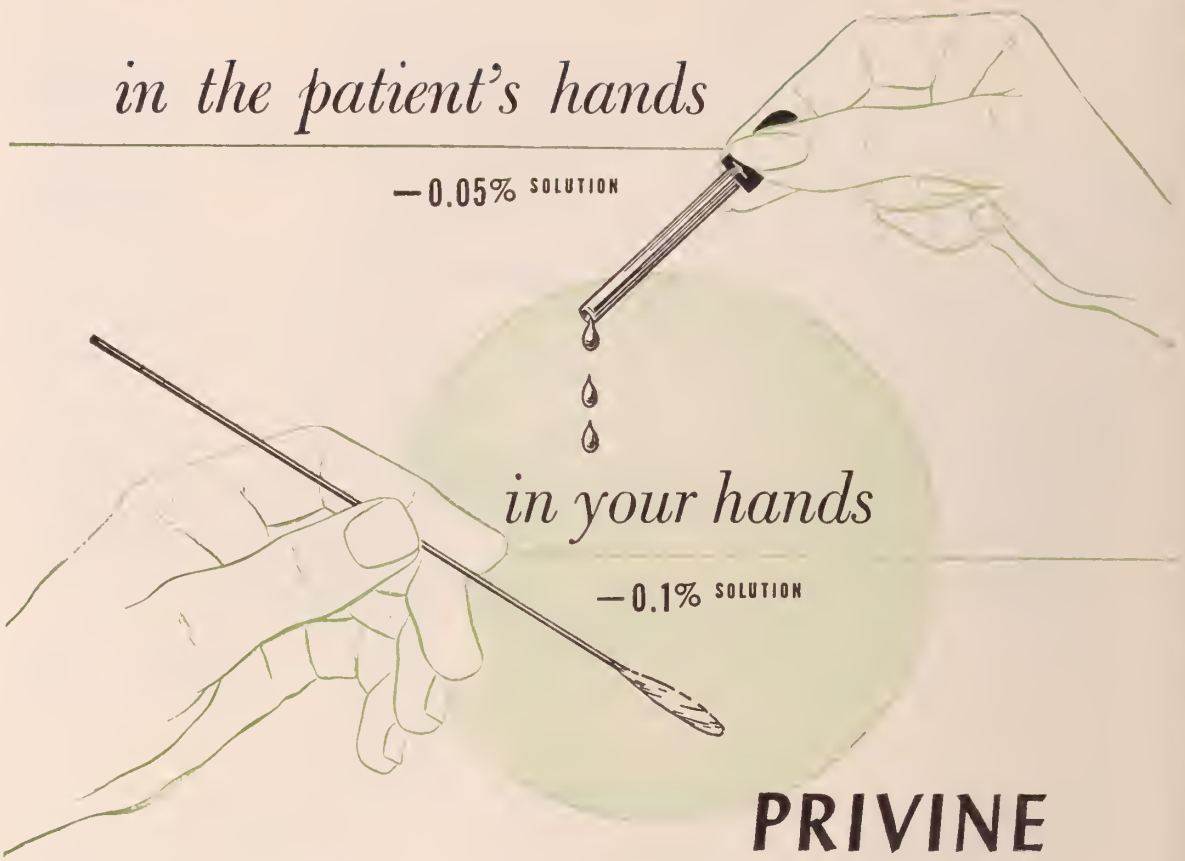
CRYSTALLINE DIGITOXIN

Wyeth®

WYETH INCORPORATED • PHILADELPHIA 3, PA.

in the patient's hands

—0.05% SOLUTION



in your hands

—0.1% SOLUTION

PRIVINE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

PRIVINE hydrochloride, 0.05 per cent, is sufficiently potent to produce long-lasting relief in the average case of nasal congestion in patients of all ages. It is therefore the Privine preparation of choice for regular prescription purposes.

Privine hydrochloride, 0.1 per cent, fills the need for an agent which will produce the intense vasoconstriction frequently necessary for adequate visualization and for pre- and post-operative shrinkage. It is therefore the Privine preparation of choice for direct use in the office or hospital.

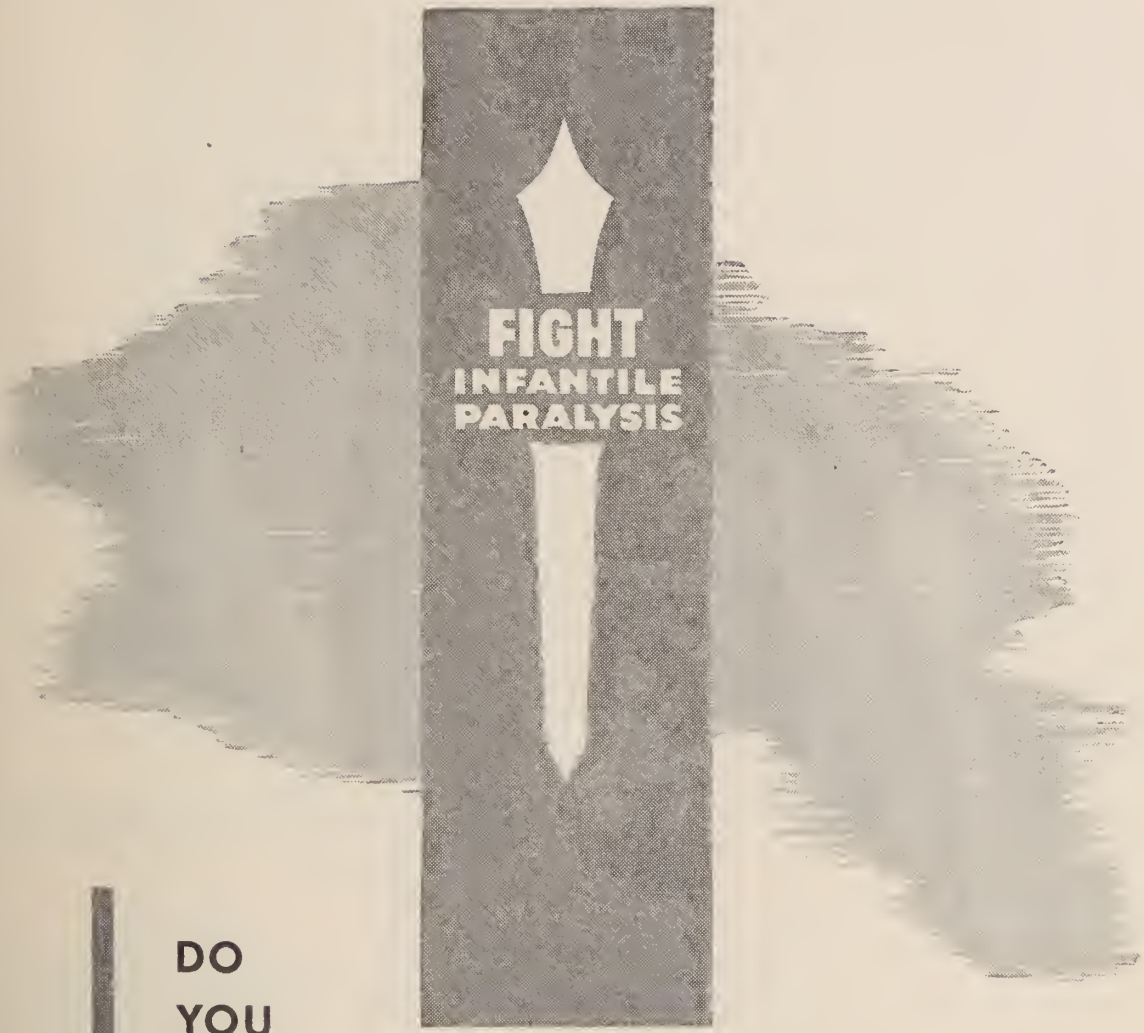
When properly administered, Privine hydrochloride induces prolonged vasoconstriction with relative freedom from local or general side effects. Three drops will usually produce nasal decongestion lasting 3–6 hours. Overdosage should be avoided.

Issued: 0.05%, bottles of 1 fl. oz. and 16 fl. ozs. • Jelly, 0.05%, tubes of 20 Gm.
0.1%, bottles of 16 fl. ozs. only

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

2/1328M

PRIVINE (brand of naphazoline) • *Trade-mark Reg. U. S. Pat. Off.*



DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

Rexall

DRUGS

You can depend on any product that bears the name Rexall.

This is the battle banner of the National Foundation for Infantile Paralysis. The slim, sword-like torch is the stern symbol of a tireless war on a dreaded disease.

The finest of doctors and scientists have given of their time and skill and knowledge to fight poliomyelitis. And annually since its inception in 1938, the National Foundation for Infantile Paralysis has conducted the March of Dimes, in a nation-wide appeal for funds to carry on the work.

The familiar blue and white symbol above your neighborhood drug store tells you that he is a Rexall druggist. Some 10,000 Rexall Drug Stores throughout the nation are proud to join with the American people in support of the 1948 March of Dimes, from January 15 to January 30.

REXALL DRUG COMPANY

LOS ANGELES, CALIFORNIA

PHARMACEUTICAL CHEMISTS FOR MORE THAN 45 YEARS



Oral MERCURIAL DIURESIS

Although mercurial diuretics are most active on parenteral injection, oral administration of Salyrgan-Theophylline tablets is usually quite satisfactory. The method is of distinct value when injections are impracticable, as well as when the frequency of injections is to be reduced. Average dose: 5 tablets after breakfast once a week, or 1 tablet three or four times daily on two successive days of the week.



SALYRGAN®-THEOPHYLLINE

Brand of Mersalyl and Theophylline

TABLETS

Bottles of 25, 100, 500 and 1000 tablets.
Also for injection— ampuls of 1 cc. and 2 cc.

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

WINTHROP STEARNS

The businesses farmerly conducted by Winthrop Chemical Company, Inc. and Frederick Stearns & Company ore now owned by Winthrop-Stearns Inc.



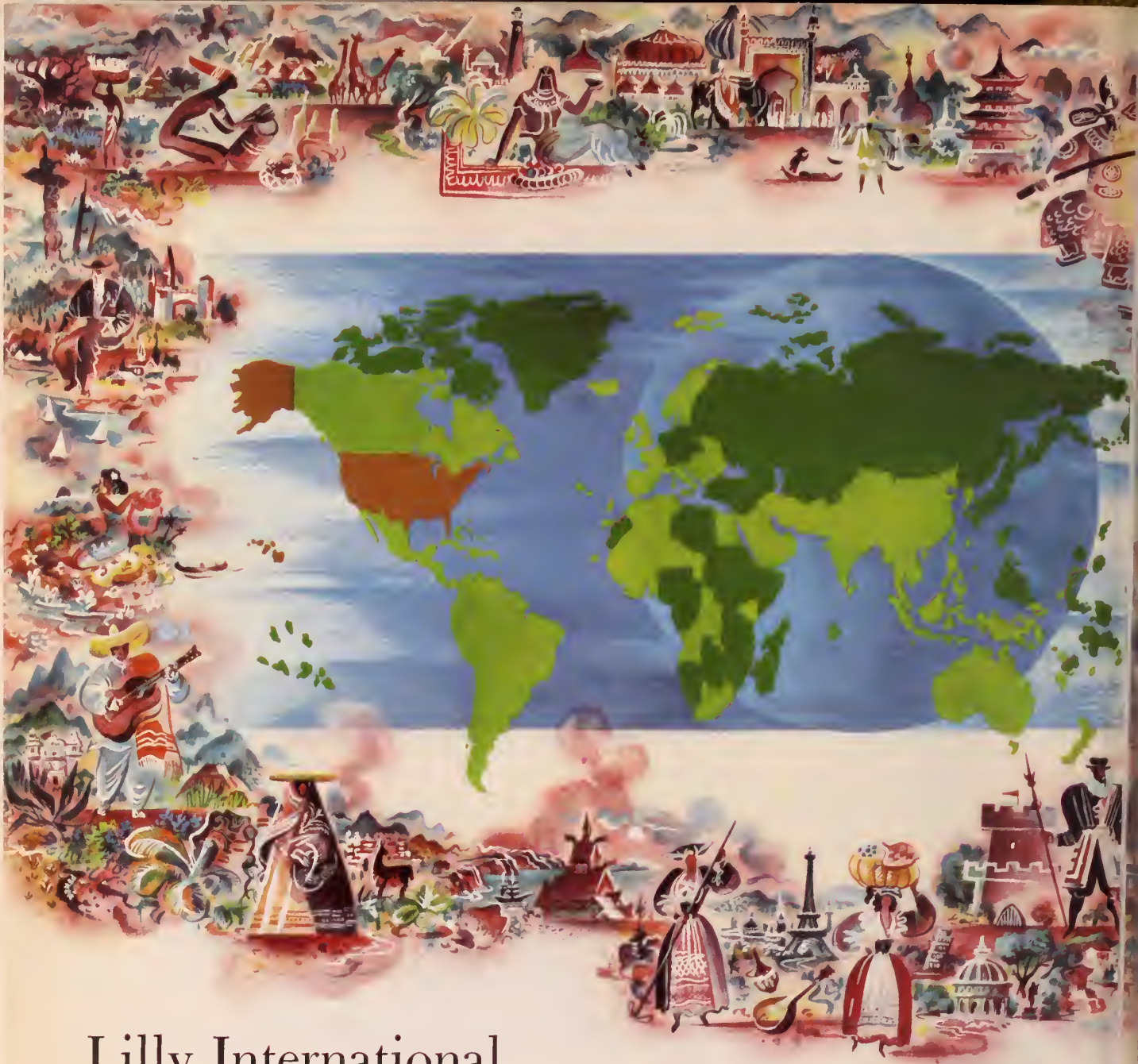
Hypnosis in Minutes... TONIGHT

Of the frequently preseribed, orally administered barbiturates, 'Seeonal Sodium' (Sodium Propyl-methyl-earbinyl Allyl Barbiturate, Lilly) provides rapid sedation, quiek hypnosis, and a short duration of effeet.

The hospitalized patient ean be assured that the interval between the end of visiting hours and sleep will be reduced. For all patients who want sleep "in a hurry" with no lingering effeet the next morning, 'Seeonal Sodium' is a barbiturate of choice.

Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.



Lilly International

Illustration by Joseph Feher

MEDICAL SERVICE REPRESENTATIVES of Eli Lilly and Company regularly call on physicians in over thirty countries, exclusive of the United States. Many of the representatives are pharmacists trained in their home colleges and universities. Others are American-born pharmacists who have become proficient in the mother tongue of the land in which they work. Professional literature is translated and published in the languages prevalent in many countries served. All representatives are carefully instructed in the Lilly tradition and restrict their promotional activities to the registered physicians and pharmacists in their respective territories.

Research institutions abroad are growing in number and importance. Lilly representatives regularly visit universities and other medical research centers. When mutually interesting discoveries are made, the facilities of the Lilly Research Laboratories are promptly made available for practical development and application. In this way, the findings of the world's best medical talent are more quickly placed in the hands of medical practitioners everywhere.



THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY
Volume XXXIV Jacksonville, Florida, January, 1948 No. 7

The Surgical Approach to the Treatment of Certain Heart Diseases

EMIL M. ISBERG, M.D.
MIAMI BEACH

In the last twenty-five years a remarkable and new approach to the treatment of certain heart diseases has developed. Cardiac lesions, which only a few years ago were passively accepted as having a hopeless outlook, are now being cured or beneficially reversed by bold, but sound, surgical measures. The cooperative endeavors of surgeons and cardiologists working together as a team on common problems have yielded extraordinary results.

THYROGENIC HEART DISEASE

Thyrogenic heart disease was the first to have its hopeless prognosis startlingly changed by a surgical procedure. Auricular fibrillation, cardiac enlargement and congestive heart failure were once considered as contraindications to surgery. But Dr. Frank H. Lahey,[1] the surgeon, working with Dr. Burton E. Hamilton,[2] the internist, performed subtotal thyroidectomy in thyrotoxic patients with these serious cardiac complications after they had received proper medical preparation for operation, and these cardiac invalids were restored to good health. It was clearly proved that the effects of hyperthyroidism on the heart can be reversed by proper thyroidectomy.

CHRONIC CONSTRICTIVE PERICARDITIS

Prior to 1928 patients with chronic constrictive pericarditis were doomed to a slow, lingering death. In that year a 19 year old woman in severe congestive heart failure was completely relieved through the efforts of Dr. Paul D. White[3] and by the brilliant pericardial resection of Dr. E. D. Churchill.[3]

Heart failure produced by this condition develops slowly and insidiously. Congestive failure is primarily due to the mechanical interference of the constricting pericardium with the action of the heart. When this disease is recognized early and treated by pericardial resection, the result is a dramatic cure. In cases of long-standing pericardial constriction, secondary myocardial atrophy and degeneration result; in such cases cure cannot be effected by pericardiectomy, but benefit has been derived from the procedure.

Harrington,[4] of the Mayo Clinic, operated upon 24 patients, with a postoperative mortality of 25 per cent. Of the 18 who survived the operation, 9 are considered cured. Beck[5] operated upon 46 patients, with a postoperative mortality of 19.6 per cent and he considered 67.4 per cent of his series as cured. Eighteen patients with chronic constrictive pericarditis were operated upon by Heuer and Andrus[6] without a single postoperative fatality. Ten of these 18 are considered as cured, and another 4 as markedly improved.

It is apparent that the operative mortality can be high; yet it is only commensurate with the seriousness of this disease. The mortality rate for chronic constrictive pericarditis is 100 per cent without surgical intervention.

CORONARY ARTERIOSCLEROTIC HEART DISEASE

Dr. Claude S. Beck of Cleveland has stimulated much interest in operative methods by which an extracardiac circulation may be supplied to a zone of myocardial ischemia resulting from insufficient coronary circulation. Beck's[7] operation consists of increasing coronary circulation by producing inflammation on the surface of the heart and then implanting grafts of pectoral muscle or mediastinal fat on the heart. He operated on 37 patients with coronary arteriosclerosis and angina pectoris, with 14 postoperative deaths. Of the 23 patients who survived, the results were considered as excellent in 14 and good in 5; there was little or no improvement in 4. O'Shaughnessy[8] performs an operation in which he grafts omentum on the heart.

Ever since it was demonstrated experimentally in human hearts with adhesive pericarditis[9] that india ink injected into the coronary arteries could be traced into the pericardium, wall of the chest and diaphragm, many investigators have employed irritants to obliterate the pericardial sac by adhesions. Powdered asbestos, Lycopodium, aleuronat, lionite and 5 per cent sodium morrhuate have been used and have been shown capable of producing adhesive pericarditis.

Read before the Florida Medical Association, Seventy-Third Annual Meeting, Miami, April 21-23, 1947.

After occlusion of a coronary artery, a collateral anastomotic circulation gradually develops. In some instances this spontaneous revascularization of the ischemic myocardium does not suffice. In these cases the prognosis is grave, and it is hoped that surgical measures may be able to overcome such coronary insufficency. So far the surgical treatment of myocardial ischemia has been of limited value.

ARTERIOVENOUS ANEURYSM

Traumatic arteriovenous aneurysm or fistula is usually produced by a penetrating wound which injures both blood vessels as they lie side by side. Arterial blood is then shunted directly into the vein and back to the heart without passing through the peripheral capillary bed.

The severity of this acute circulatory disturbance depends on the size of the fistula and its proximity to the heart. Large fistulas in the great vessels sometimes produce such profound changes that death promptly ensues. When fistulas are more distant, the heart is able to adjust itself to its increased circulatory burden by dilatation and hypertrophy. A weakened heart then handles an increased blood volume; under such circumstances congestive heart failure may occur at any time.

The object of treatment is the eradication of the vicious fistulous tract in such a manner that it will not recur. Ligation of the proximal and distal artery and the proximal and distal vein together with excision of the segment containing the fistula, is the operation of choice. After surgical excision of the fistula, the increased blood volume gradually reduces to normal, and cardiac dilatation decreases. The heart may return to normal size.

CONGENITAL HEART LESIONS

PATENT DUCTUS ARTERIOSUS.—Until less than ten years ago patent ductus arteriosus was considered irreversible and incurable. In 1938 Dr. Robert Gross of Boston successfully ligated the patent ductus in a girl of 7½ years. This was the first demonstration of the reversibility of congenital cardiovascular defects. Since then simple ligation has become an obsolete procedure because of the possibility of later recanalization; resection of the ductus must be done after ligation.

M. J. Shapiro[10] recently gathered information from forty-six surgeons who had operated upon 626 patients with patent ductus. The mortality rate was 4.9 per cent in uninfected cases and 28.4 per cent in infected cases. Later recanalization occurred in 8.7 per cent. The last 172 patients operated upon by Gross, Crafoord, Blalock and Wangensteen all survived operation.

The view that patent ductus arteriosus is innocuous is an erroneous one. It is a serious enough lesion to warrant operation. Shapiro believes that every patient under 15 years of age should have the benefit of surgical correction. Patients over 15 should be operated upon at the first evidence of congestive failure. Subacute bacterial endarteritis is an immediate indication for operation.

After operation, the improvement often is remarkable. The murmurs may disappear, the heart becomes smaller, blood pressure returns to normal, and symptoms may disappear. The patients then gain weight, grow more rapidly and lose their pallor. They may recover with a completely normal heart.

TETRALOGY OF FALLOT.—Several years ago Dr. Helen Taussig and Dr. Alfred Blalock became interested in the question whether increase of the blood supply to the lungs by the creation of an artificial ductus arteriosus would benefit patients with the tetralogy of Fallot, or pulmonary stenosis. Extensive experimental studies strengthened their impression that the patient with pulmonary stenosis would be improved if the pulmonary blood flow were increased, and these studies led to the development of their operation as now performed on patients with pulmonary stenosis or atresia.

The tetralogy of Fallot consists of pulmonary stenosis, dextroposition of the aorta, an interventricular septal defect and right ventricular hypertrophy. Dextroposition of the aorta means that the aorta arises from the left ventricle and partially overrides the right ventricle; thus the aorta receives blood from both ventricles. The right ventricle pumps part of its blood through the stenosed pulmonary orifice and part directly into the aorta. Only that portion of the blood from the right ventricle pumped into the pulmonary artery goes to the lungs for aeration. All of the blood from the left ventricle and some of the blood from the right ventricle is pumped out into the aorta to the systemic circulation.

The operation of Blalock and Taussig[11] sets up an anastomosis either between the innominate artery and the right pulmonary artery, or between the left subclavian artery and the left pulmonary artery. As before the operation, part of the blood from the right ventricle is still pumped into the aorta. Now, in addition to the blood

which is pumped through the stenotic pulmonary orifice into the pulmonary artery, blood from the aorta is diverted through the anastomosis to the lungs. Thus the volume of blood which reaches the lungs is increased, and the volume of oxygenated blood which is returned to the left ventricle also is proportionately increased. The operation bypasses the congenital obstruction in the circulation of the blood to the lungs. Thus this operation should be of value in all congenital malformations in which the primary difficulty is due to inadequate circulation of the blood to the lungs.

Recently Blalock[12] reported that the anastomosis was successfully performed in 91 patients out of 110, with 16 fatalities or a mortality rate of 18 per cent. Blalock believed that all but one of the patients who survived the operation are improved.

Potts, Smith and Gibson[13] introduced another operative technic for the relief of anoxemia due to pulmonary stenosis or pulmonary atresia. Their procedure consists of an anastomosis between the aorta itself and the left pulmonary artery. They have designed a special clamp which permits a substantial amount of blood to flow through the aorta while a small portion of the aorta is pinched off by the clamp at the site of the anastomosis. Blood continues to flow through the aorta during the entire operative procedure.

Coarctation of the Aorta.—In October 1944 Crafoord and Nylin,[14] of Stockholm, reported 2 patients operated upon for coarctation of the aorta. These were the first patients successfully operated on for this lesion in man, and both were cured.

Crafoord had had the experience of operating on patients with patent ductus arteriosus, and he had demonstrated that the flow of blood in the descending aorta could remain suspended for as long as twenty to twenty-five minutes without subsequent signs of organic damage, provided there was an adequate flow of blood to the brain. On the basis of this experience Crafoord conceived his operation for coarctation of the aorta, consisting of resection of the constricted segment of the aorta and then suture of the transected ends of the aorta. In both cases, normal blood pressure levels were reestablished.

Gross and Hufnagel,[15] working independently, developed an almost identical technic on dogs and operated on 2 patients in June and July 1945. To date, Gross[16] has completely excised the narrowed area of aorta in 14 cases. In 2 of these cases the patient died. The first patient expired from a sudden removal of the aortic clamps, which allowed blood to rush down too quickly into the lower part of the body. In all subsequent cases the clamps have been removed slowly over a period of five or six minutes, so that readjustments of the circulation could be effected more slowly. The second fatality was in a man 30 years of age; sclerosis of the aorta made it unsuitable for manipulation and careful suture.

The optimum age for performance of this operation lies between 6 and 20 years. Young persons up to 20 years of age still have an aorta of suitable thickness and elasticity to permit the performance of this operative procedure with a reasonably low risk. In 11 cases, Gross[16] reported the postoperative results extremely gratifying. Hypertension in the upper part of the body was completely relieved; and simultaneously there was appearance of normal pulsations and pressures in the arteries of the legs.

It is apparent that the clinician can no longer be satisfied with the general diagnosis of congenital heart disease. Investigations must be carried out in order to determine the exact nature of the congenital malformation. Now one must be capable of differentiating the congenital lesions which are surgically reversible from those which are not.

HYPERTENSIVE HEART DISEASE

In November 1933 Dr. Max M. Peet, of Ann Arbor, Mich., performed the first supradiaphragmatic splanchnicectomy for the relief of a patient with malignant hypertension, unaware at the time that others had suggested sympathectomy for a similar purpose. He then proceeded to popularize this surgical approach to the problem of hypertension, and by closely following the patients operated upon, he and his associates[17,18] substantiated the value of splanchnic resection.

In 1934 it was first recognized at the University of Michigan Hospital that significant improvement in abnormal electrocardiograms and definite reduction in the size of the heart occurred in some cases of hypertensive heart disease following splanchnicectomy. These clinical phenomena were first reported by Braden and Kahn,[19] associates of Peet.

Recently Isberg and Peet[20] reported the results of a long term study of the cardiac aspects in 384 patients with arterial hypertension, surgi-

cally treated by splanchnic resection and followed for five to twelve years. The findings suggest that surgical treatment has beneficially influenced the destiny of a significant percentage of hypertensive patients.

Sixty per cent of patients with hypertensive heart disease were still living five to twelve years after splanchnicectomy. It appeared also that splanchnic resection significantly arrested progression to cardiac disease in hypertensive patients with normal hearts. A substantial number of hypertensive patients maintained significant improvement as evidenced in electrocardiograms and reduction in the size of the heart for five years and more after operation. Anginal seizures were frequently relieved following splanchnicectomy.

Eight out of 11 hypertensive patients who had a coronary occulsion and were then subsequently treated with splanchnic resection, were still living five to nine years postoperatively. This result has led these authors to consider seriously splanchnicectomy in hypertensive patients six to twelve months following a coronary occlusion.

SUMMARY

In the last quarter of a century a surgical approach to the management of certain heart diseases has developed. It is bold, but sound. It is curing or beneficially reversing cardiac lesions which only a few years ago were accepted as having a hopeless outlook.

BIBLIOGRAPHY

1. Lahey, F. H.: End Results in Thyrocardiacs, Ann. Surg. 90:750-755 (Oct.) 1929.
2. Hamilton, B. E.: Heart Failure of the Congestive Type Caused by Hyperthyroidism, J. A. M. A. 83:405-410 (Aug. 9) 1924.
3. White, P. D., and Churchill, E. D.: The Relief of Obstruction to the Circulation in a Case of Chronic Congestive Pericarditis (Concretio Cordis), New England J. Med. 202:165-168 (Jan 23) 1930.
4. Harrington, S. W.: Chronic Constrictive Pericarditis; Partial Pericardiectomy and Epicardiolvis in Twenty-Four Cases, Tr. Am. S. A. 62:468-487, 1944; also, Ann. Surg. 120:468-487 (Oct.) 1944.
5. Beck, C. S., in discussion on Harrington, S. W.[4]
6. Heuer, G. J., and Andrus, D. W., in discussion on Harrington, S. W.[4]
7. Beck, C. S.: Principles Underlying the Operative Approach to the Treatment of Myocardial Ischemia, Ann. Surg. 118:788-806 (Nov.) 1943.
8. O'Shaughnessy, L.: Surgical Treatment of Cardiac Ischaemia, Lancet 1:185-194 (Jan. 23) 1937.
9. Moritz, A. R.; Hudson, C. L., and Orgain, E. S.: Augmentation of the Extracardiac Anastomoses of the Coronary Arteries Through Pericardial Adhesions, J. Exper. Med. 56:927-931 (Dec.) 1932.
10. Shapiro, M. J.: Results of Surgery in Patent Ductus Arteriosus. Presented at the Second Inter-American Congress of Cardiologists, Mexico City, Oct. 6, 1946; abstracted in Am. Heart J. 33:725 (May) 1947.
11. Blalock, A., and Taussig, H. B.: The Surgical Treatment of Malformations of the Heart in Which There Is Pulmonary Stenosis or Pulmonary Atresia, J. A. M. A. 128:189-202 (May 19) 1945.
12. Blalock, A: The Surgical Treatment of Congenital Pulmonic Stenosis. Ann. Surg. 124:879-887 (Nov.) 1946.
13. Potts, W. J.; Smith, S., and Gibson, S.: Anastomosis of the Aorta to a Pulmonary Artery, Certain Types in Congenital Heart Disease, J. A. M. A. 132:627-631 (Nov. 16) 1946.
14. Crafoord, C., and Nylin, G.: Congenital Coarctation of the Aorta and Its Surgical Treatment, J. Thoracic Surg. 14:347-361 (Oct.) 1945.
15. Gross, R. E., and Hufnagel, C. A.: Coarctation of the Aorta; Experimental Studies Regarding Its Surgical Correction, N. England J. Med. 233:287-293 (Sept. 6) 1945.
16. Gross, R. E.: Surgical Treatment for Coarctation of the Aorta, Mod. Concepts Card. Dis. vol. 16 (Feb.) 1947.
17. Peet, M. M.; Woods, W. W., and Braden, S.: The Surgical Treatment of Hypertension: Results in Three Hundred and Fifty Consecutive Cases Treated by Bilateral Supradiaphragmatic Splanchnicectomy and Lower Dorsal Sympathetic Ganglionectomy, J A. M. A. 115:1875-1885 (Nov. 30) 1940.
18. Peet, M. M., and Isberg, E. M.: The Surgical Treatment of Essential Hypertension, J. A. M. A. 130:467-473 (Feb. 23) 1946.
19. Braden, S., and Kahn, E. A.: The Surgical Treatment of Hypertension; Preliminary Report of Method of Study and Results in Two Hundred and Sixty-Four Cases, Yale J. Biol. & Med. 11:449-458 (May) 1939.
20. Isberg, E. M., and Peet, M. M.: The Influence of Surgical Treatment on the Heart in Hypertension. To be published.

541 Lincoln Road.

DISCUSSION

DR. E. STERLING NICHOL, Miami: I think Dr. Isberg should be complimented upon his complete review of this subject. Time did not permit his going into the detail required for the full evaluation of the various procedures.

The reference he made to constrictive pericarditis and its operative relief serves as a reminder that this is rather an unusual condition, particularly in Southern Florida where it practically never occurs in native residents. At least, such observation is true so far as clinical diagnosis and autopsy statistics in the hospitals here indicated.

The results obtained in the congenital defects, patent ductus arteriosus, aortic coarctation and pulmonary stenosis which the essayist depicts certainly are admirable. The diagnosis of ductus arteriosus is made accurately in competent hands in 3 out of 4 cases. It is based upon a continuous machinery type of murmur in the first and second left interspaces. Within the murmur one hears the pulmonic second sound due to hypertension in the pulmonary circuit. Without this murmur Shapiro contended he would never advocate exploration. In the absence of this diagnostic murmur an exploratory operation should not be performed unless there are other definite signs of patent ductus arteriosus.

In many cases patent ductus arteriosus closes spontaneously at the age of 3; so the patient should not be operated on until after that age. Surgery should be undertaken in any case in which infection is present. In some cases surgeons throughout the country have performed this operation without having adequate training, but it is hoped that surgeons will turn these cases over to those who are definitely experienced in this type of surgery.

The conception of the cure of pulmonary stenosis was developed by a cardiologist, Dr. Helen Taussig, and the subsequent exceptional surgical approach to the problem by Blalock merits much praise. The recent technic developed by Potts, Smith and Gibson of direct anastomosis instead of the original procedure described by Blalock will probably become the method of choice in many cases. Regarding the diagnosis of pulmonary stenosis, cyanosis is usually present, and the roentgenogram does not disclose stasis in the secondary branches of the pulmonary artery.

DR. S. MARION SALLEY, Miami: Dr. Isberg has presented a most stimulating paper on what can be accomplished with certain cardiac conditions, both congenital and acquired, by means of skillful surgery. There is no problem in medicine requiring closer cooperation between the internist and the surgeon than that encountered in cases involving cardiac surgery.

The difficulties met in pioneer cardiac surgery can perhaps best be illustrated by the case of the 9 year old daughter of a Maine physician. This child was operated upon for adhesive pericarditis. In releasing the pericardium, the surgeon tore into the left ventricle. He

sutured the rent successfully and went on to the left auricle, which was similarly torn and sutured. This same mishap occurred in both of the other two cardiac chambers as well as the superior vena cava. He finally successfully completed the operation, and the patient lived. A patient with this degree of myocardial atrophy would probably not be operated upon today.

It is the primary responsibility of the practitioner and the cardiologist, in particular, to recognize the potential case in which cardiac surgery might save the patient or prolong his life. We should keep these possibilities in mind while doing routine physical examinations. It should be emphasized at this point that the correct diagnosis in cases proposed for cardiac surgery is of the utmost importance. The cardiologist must present precise and conclusive information to substantiate the diagnosis before the surgeon can operate.

The recent development of catheterization of the heart as performed by Stead and many others, is proving of great aid in diagnostic precision. For example, a fairly accurate estimation of the blood pressure in the pulmonary circuit can be made by obtaining the pressure in the right ventricle. Angiocardiography, at present being developed by Robb and others, is similarly proving to be of great aid in the establishment of correct diagnosis.

Dr. Isberg, concluding: The implications by Dr. Nichol and Dr. Salley of the necessity for extreme care in the diagnosis of these congenital cardiac lesions certainly are in order. Only with extreme care will these conditions be recognized and the patients referred for surgical treatment.

The case cited by Dr. Salley in which the chambers of the heart were punctured is an experience which many a thoracic surgeon has probably had happen to him. I might mention one case in which the surgeon opened a rent in the left auricle the size of a 25 cent piece. The hole was too large to suture, and bleeding could only be stopped by plugging the hole with a gauze pack. Then during the next four months this pact was very slowly removed as granulation filled in.

I am most grateful for the stimulating discussions.

Traumatic Injuries of the Urinary System

Arthur J. Butt, M.D.

PENSACOLA

The urinary tract is well protected from most types of trauma by reason of its position. Urologic injuries, however, have increased considerably during recent years because of accelerated modes of travel and industrial accidents. Injuries to the urinary system are too often overlooked when several organs have been damaged. So obvious and commanding are the symptoms of other injuries and so relatively silent those of the urinary system that important hours are lost unless hematuria attracts attention. The patient, unconscious from injuries of the head, may bleed to death from a lacerated kidney. Prolonged morbidity and high mortality are often the result of underestimating the importance of, or ignoring, hemorrhage or extravasation resulting from injury to the urinary tract. Every patient who has been injured in an accident should have a urologic evaluation, especially urinalysis, as part of the examination. Hematuria demands prompt and thorough investigation. Once hematuria is detected, it is imperative to know the location, extent and severity of the trauma to the urinary tract, although it may be difficult in some cases to ascertain this information. Urinary extravasation rates precedence over all other considerations in accident surgery except exsanguinating hemorrhage.[1]

Read before the Escambia County Medical Society, Pensacola, June 10, 1947.

KIDNEY INJURIES

The kidneys are injured as a result of (1) direct trauma, (2) indirect trauma (transmitted violence), and (3) gunshot or stab wounds. By far the commonest injuries are those due to direct violence. Injuries to the kidney may vary from small tears of the capsule to general pulpefaction of the organ. Elaborate classifications of renal injuries are interesting from a pathologic standpoint, but are of limited value to the surgeon. One is seldom able to determine preoperatively the exact extent of renal damage. An accurate history of the case is of great value, for the presence of renal disease predisposes to damage of the kidney.[2,3,4,5] This fact is of singular importance in damage suits and accident surgery, as most cases of renal trauma are the result of automobile and occupational accidents. A perfectly honest patient may not have first noticed pre-existing symptoms until an accident directed attention to them.

A history of trauma, hematuria and pain is strongly presumptive but not conclusive evidence of renal injury. Symptoms may be a poor index to injury of the kidney. Slight trauma may produce severe renal damage.[6,7,8] External evidence of injury may be absent. In approximately 90 per cent of injuries to the kidney, blood is found in the urine; however, if the ureter is obstructed or severed, blood may not be present.[9,10] Palpation usually reveals swelling in the loin, with rigidity and tenderness present. The red cell count and

hemoglobin determination are of primary importance.

Roentgen ray examination is superior to any other means for the diagnosis of renal damage. A scout film shows fractures of the ribs, spine and pelvis. It also demonstrates the presence of urinary calculi, gas under the diaphragm and paralytic ileus. Intravenous injection of an opaque medium gives valuable information as to the function and continuity of the urinary system. An unconscious patient may be examined in this manner. Urography shows a normal kidney on one side if the injury is unilateral. This is of greatest importance because, if removal of the injured kidney becomes necessary, one must know that its uninjured mate will sustain life. The absence of a pelvic shadow or evidence of delayed function of the injured kidney does not always indicate severe damage. Moderate trauma may produce temporary anuria. A distorted outline of the pelvis often results from retained blood clots. When clinical evidence does not indicate immediate surgical intervention, the roentgen studies should be repeated within a few days in order to re-evaluate the situation. Changes in the outline of the pelvis may be due to passage or dissolution of blood clots.

Conservative therapy is indicated in the great majority of renal injuries. I have observed this to be especially true in children. The injured patient should be kept comfortable by opiates in sufficient dosage. The blood pressure must be checked at regular intervals. If the patient is in shock, intravenous infusions of glucose and saline solutions or blood plasma are given. For all patients with renal injury or suspected renal injury blood should be available for transfusion. Constant observance as to changes in the patient's condition is imperative. Operation is indicated when there is progressive lowering of the blood pressure, increase in the pulse rate, diminution of the hemoglobin content of the blood and the red cell count, or constant filling of the bladder with blood clots. Most operative deaths are in cases complicated by extensive injury to other areas, those in which the patient was operated on while in shock, or those in which operation was delayed for too long a period of time.

Small lacerations of the parenchyma may be closed by mattress or figure-of-eight sutures. Suturing of extensive lacerations is generally unsatisfactory, as operation on an injured, bleeding kidney is a formidable undertaking because of frequent presence of shock or impending shock and common association of serious injury elsewhere.[11,12] Nephrectomy is often necessary when infection is present. Although repair of a damaged kidney is advocated by some authorities, it has been my experience that when sufficient damage has been inflicted to produce prominent clinical signs and symptoms which are not relieved by more conservative means, nephrectomy is usually indicated, providing the opposite kidney is normal. If the urograms show extravasation from the pelvis, complete rupture has occurred, and early operation should be carried out regardless of clinical signs. Colston[13] and Rolnick[14] reported results which show that repair of extensively damaged kidneys often produces disappointing final results.

URETERAL INJURIES

The ureter is seldom subject to traumatic injury because of its small size, elasticity and deep, protected position. Only 4 cases of ureteral injury were reported as occurring in World War I.[15,16] The ureter may be pierced by missiles or slivers of bone, and it may be partially or completely severed from laceration or evulsion. Rupture of the ureter has been observed following minimal trauma such as riding horseback.[17] Disease of the ureter greatly predisposes to rupture.[17,18,19,20] Injury due to nonpenetrating force results from a kick, fall, or crushing force. In most cases, injury to the ureter permits the urine to extravasate into the adjacent tissues. This is always a grave condition, particularly in the presence of virulent organisms.

Traumatic wounds of the ureter are seldom diagnosed early because of overshadowing symptoms due to injury of adjacent organs. Pain is often the first local symptom of injury. Tenderness and rigidity of the affected side are usually great and continuous. Diminished output of urine occasionally is noted. Hematuria may occur, but it is inconstant and therefore unreliable as a diagnostic indication of ureteral injury. Abdominal distention is an early and almost constant symptom and is probably due to retroperitoneal irritation caused by extravasated urine. Generally, tumefaction is a late manifestation. Intermittent chills and fever may occur after some time has elapsed. Nausea and vomiting are common at first, but subside later. If urine leaks into the peritoneal cavity, symptoms of peritonitis occur. They may lead to faulty diagnosis and an abdominal incision instead of a flank approach.

The treatment of ureteral injury due to non-

penetrating force, immediately after the accident, does not differ from that of the same type of injury to the kidney. Most of the penetrating wounds of the ureter should be treated surgically, promptly and with provision for adequate drainage. If the injury can be determined immediately, the ureter should be exposed and sutured. When the injury is extensive or jagged, a ureteral catheter should be left in place to splint the ureter. When there is delay in diagnosis, drainage of the involved area is indicated. Later, urologic study can be made and a plastic operation done at that time. If the ureter is damaged beyond repair, or if stricture will likely follow, the kidney should be removed.

BLADDER INJURIES

Injuries to the bladder consist of (1) penetrating wounds, (2) rupture of the wall of the bladder from trauma to the overlying surface, and (3) impalement, either by pointed or blunt objects which enter the perineum, rectum, or vagina. Rarely contusion and hematoma of the bladder are observed.[1] Penetrating wounds comprise the majority of war injuries to this organ, but are uncommon in civil practice. The findings in the case of penetrating wounds are characterized by a history of injury in the area of the bladder, and frequently there is bloody urine at the entrance of the wound. Munger[21] found that 70 per cent of penetrating wounds of the bladder had a point of entrance in the buttocks. There is pain in the lower part of the abdomen with spasm of the abdominal muscles, and shock is usually present. Evidence of peritonitis is often present, as the intestines are perforated in many of these cases.[21,22,23] Reliance on physical findings alone, however, may lead to disaster. If the diagnosis of perforation is not certain, a cystogram almost invariably shows extravasation of contrast medium when perforation has occurred.

Rupture of the bladder is one of the most deceptive conditions encountered in surgical practice. It is often overlooked or misdiagnosed and accounts for many needless fatalities. In civil life, rupture of the bladder is most commonly caused by fracture of the pelvis. Statistical reports indicate that from 7 to 40 per cent of pelvic fractures are complicated by rupture of the bladder.[1] Overdistention of the bladder is the chief predisposing cause of rupture. Military surgeons have recognized this fact for years as troops are often ordered to empty the bladder before going into action. Campbell[21] stated that approximately one third of all vesical ruptures occur when the patient is intoxicated. This condition predisposes to unnoticed distention of the bladder, and falls or blows with relaxation of the overlying abdominal muscles further contribute to the rupture in inebriates.

As would be expected, the distended bladder usually ruptures into the peritoneal cavity (fig. 1). Extraperitoneal rupture, however, often

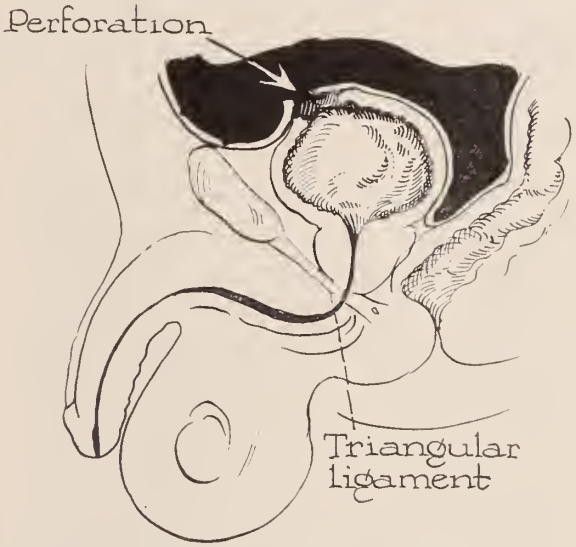


Fig. 1—Rupture of the bladder, showing intraperitoneal extravasation.

results from pelvic fracture (fig. 2). Fracture of the pelvis produces injury to the bladder by disruption of the pelvic rim with exertion of sudden or great force on the attachments to the bladder. Rupture of the bladder must be suspected in all cases of pelvic fracture, or in any patient with a history of a fall or blow to the hypogastrium who complains of pain in the suprapubic region. With rupture there is a frequent but unsuccessful desire to void, or the passage of small amounts of bloody urine. Practically all of the patients with a ruptured bladder present some evidence of shock. A rectal examination should be made in all cases of suspected injury to the urinary tract. In addition to determining the condition of the prostate and prostatic urethra, it may reveal a boggy mass in the region of the base of the bladder resulting from an accumulation of extravasated blood and urine.

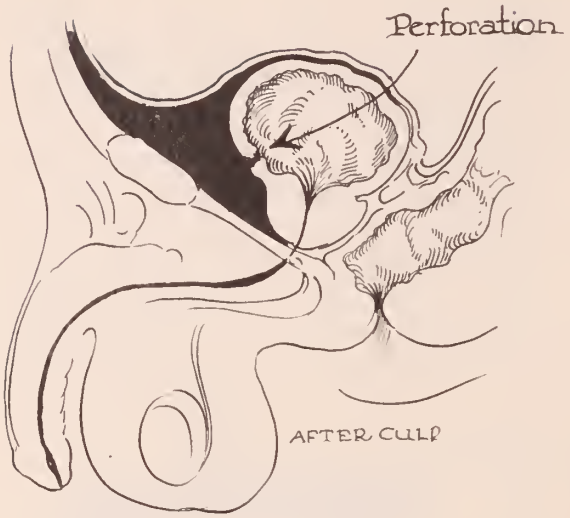


Fig. 2—Rupture of the bladder, showing extraperitoneal extravasation.

As these patients usually have injuries to several bones or organ systems, they are most often seen first in the x-ray room. After roentgenograms of the bony structure have been taken, if one suspects rupture of the bladder, a catheter is inserted into the bladder with the use of aseptic precautions. A contrast medium is injected, and a cystogram is taken at this time. If the patient is not in shock, an excretory urogram is a practical, safe, and satisfactory procedure for determining the condition of the bladder. Extravasation of the contrast medium around the area of the bladder is evidence that this organ has been ruptured.

Perforation or rupture of the bladder is a surgical emergency, and immediate operation is necessary in all cases unless the patient is in profound shock. Suprapubic cystostomy should be done in all cases of rupture or suspected rupture of the bladder. Mortality reports of above 90 per cent have resulted from nonintervention when it was assumed that the bladder would automatically care for itself.[21] Operation should consist of routine exploration of the peritoneal cavity, cystostomy and drainage of the prevesical space. Retroperitoneal extravasation is encountered frequently, but rarely drained adequately. Defects in the bladder should be repaired if possible, but this procedure is not absolutely essential. Sulfonamides and properly indicated antibiotics should be administered to prevent or reduce infection.

URETHRAL INJURIES

Injury to the urethra is caused by (1) direct trauma to the penis, (2) fracture of the pelvis, and (3) straddle injuries. Injuries to the male urethra are relatively common. The female urethra is much less subject to trauma from external force, although I have encountered 2 cases complicating pelvic fracture.[1] External wounds of the urethra inflicted by bullets, knife blades, or splinters are uncommon. Rupture of the urethra is the commonest as well as the most serious traumatic accident to which this portion of the body is subjected. Simpson-Smith[25] collected 381 cases and presented an excellent review of the subject. The commonest cause of rupture of the urethra is pelvic fracture.[26,27,28,29,30] In a review of 126 consecutive cases of fracture of the pelvis, Dr. T. D. Moore and I encountered 11 cases of rupture of the urethra.[1] Falling astride a hard, narrow object, blows, and kicks on the perineum account for most of the remaining cases. A few cases of rupture have occurred during coitus, violent muscular exertion, and catching the penis in machinery. Injuries resulting from blows on the perineum usually involve the bulbous urethra, while injuries from pelvic fractures affect the membranous and prostatic urethra.

The patient with a ruptured urethra is usually in some degree of shock and complains of severe pain in the perineum and suprapubic region. If the injury is anterior to the external sphincter, (fig. 3), there is bleeding from the urethral

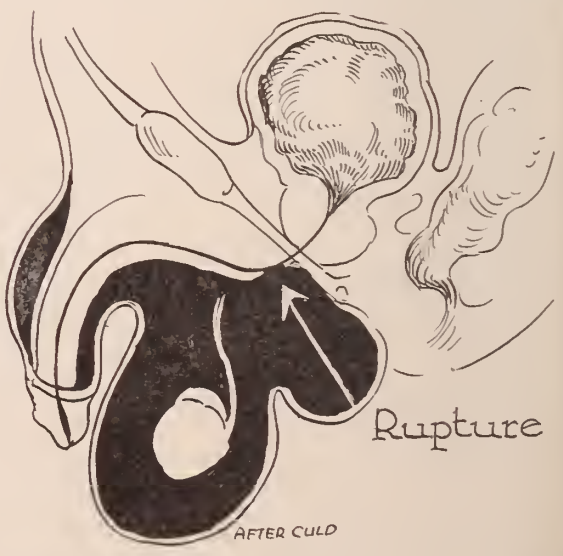


Fig. 3—Rupture of the anterior urethra, showing planes of extravasation.

meatus. Attempts to void may be accompanied by severe pain in the perineum from extravasation with no urine appearing at the meatus. Within a few hours, swelling and ecchymosis appear in the perineum. This condition gradually extends to the scrotum, penis, and finally the abdomen if the tear is anterior to the triangular ligament. Extravasation from the posterior urethra occurs proximal to the triangular ligament and extends upward into the space around the anterior portion of the bladder (fig. 4).

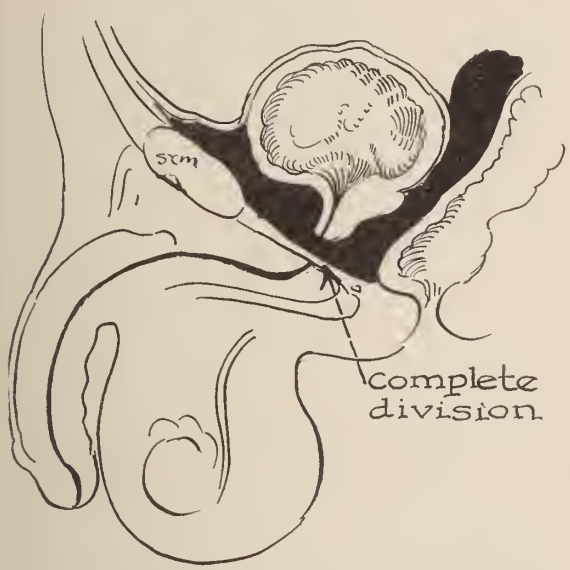


Fig. 4—Rupture of the posterior urethra, showing planes of extravasation.

A rectal examination should be done on all patients suspected of having a ruptured urethra. The examining finger may reveal that there is present the induration of the perivesical phlegmon, or that the apex of the prostate has been sheared away from the bulbomembranous urethra. The most commonly employed and also the most reliable test for rupture of the urethra is having the patient attempt to void and, if this is unsuccessful, attempting catheterization. Passage of a catheter is usually difficult except in injuries of mild degree. If the rupture is proximal to the triangular ligament, the catheter may pass into the perivesical region, and the drainage of pure blood may lead one to believe that the bladder is ruptured. If passage of a catheter is possible, a cystogram may be made to determine whether or not the bladder has been injured. Then the tip of the catheter is withdrawn into the urethra and a urethrogram made to determine if extravasation has occurred around this area. Such radiopaque mediums as sodium iodide, skiodan, or diodrast are satisfactory for this purpose. Usually reliable differential points in the diagnosis of ruptured urethra and ruptured bladder are that in the former there is blood at the urethral meatus and the bladder is full, while in the latter no blood is present at the meatus and the bladder is empty.

The objectives in the treatment of rupture of the urethra are: adequate drainage of the bladder, prevention or drainage of extravasation of urine, and re-establishment of the continuity of the urethra. If one is certain that there is only a minimal tear of the urethral mucosa, without signs of extravasation, insertion of an inlying catheter for hemostasis and drainage is the only treatment indicated. Strict aseptic precautions should be employed and a careful watch kept for evidence of infection or delayed extravasation. The employment of appropriate chemotherapy and antibiotics is of value in the prevention and treatment of infection. When the urethra is extensively torn or completely severed, or when extravasation of urine has occurred, prompt diversion by suprapubic cystostomy and drainage of the extravasated areas is imperative. Urethrostomy may be employed; however, this procedure is dangerous in patients with pelvic fracture because of the hazard of causing more damage by the fractured bones while manipulating the patient into position for lithotomy.

If the patient is in good condition, and if the pelvis is not fractured, the continuity of the urethra should be restored and a urethral catheter left in place. If the rupture is not complete, the tip of the catheter can be guided into the bladder and the tear in the urethra closed over it with interrupted sutures; if the urethra has been completely severed, it is often difficult to locate the proximal end. One should waste little time looking for the proximal stump as it is a simple matter to open the bladder suprapubically and pass a sound retrograde. When the proximal stump is located by this measure, a catheter is continued into the bladder, and the ends of the urethra are approximated over it with interrupted plain catgut. Rubber tissue drains are placed to the site of injury, and the wound is closed with interrupted sutures. When there is extensive extravasation and suppuration, immediate treatment is confined to suprapubic cystostomy and extensive incision and drainage of the extravasated areas.

SUMMARY

In every accident case there should be a urologic evaluation as part of the examination. Hematuria demands prompt and thorough investigation.

Renal injury is most accurately determined by excretory urography. Conservative treatment is indicated in the majority of cases of renal injury. Evidence of progressive bleeding or extravasation is the criterion of surgical intervention. Blood for transfusion should be available in all cases of renal trauma.

Ureteral injuries are seldom diagnosed; however, utilization of excretory urograms should demonstrate this dangerous condition, occurring more often than is reported.

Rupture of the bladder is one of the most deceptive conditions encountered in surgical practice. A cystogram almost invariably demonstrates the existence of a perforation of the bladder. Early suprapubic cystostomy should be done in all cases of rupture or suspected rupture of the bladder.

Rupture of the urethra should be suspected in all cases of pelvic fracture. Prompt diversion of the urinary stream is imperative.

Follow-up röentgen examinations of the urinary system should be done to determine if residual damage has resulted from the injury.

BIBLIOGRAHY

1. Butt, A. J., and Moore, T. D.: Urological Complications of Pelvic Fractures: Analysis of One Hundred and Twenty-Six Cases. To be published.
2. Waterston, R. E.: A Case of Traumatic Rupture of a Hydronephrotic Kidney, J. Roy. Army M. Corps 86:42-43 (Jan.) 1946.
3. Turton, J. R. H., and Williamson, J. C. F. L.: Traumatic Rupture of the Congenital Solitary Kidney, Brit. J. Surg. 23:327-331 (Oct.) 1935.
4. Beach, E. W.: Traumatic Rupture of the Kidney; Report of Ten Cases, California & West. Med. 33:494-502 (July) 1930.
5. Stirling, W. C., and Lands, A. M.: Etude experimentale des facteurs secondaires aux traumatismes des reins, J. d'urol. 43:304-312 (April) 1937.
6. Lowsley, O. S., and Kirwin, T. J.: Clinical Urology, ed. 2, Baltimore, Williams and Wilkins Company, 1944.
7. Dodson, A. I.: Urological Surgery, St. Louis, C. V. Mosby Co., 1944.
8. Scholl, A. J.: Injuries to the Kidney, J. A. M. A. 124:1110-1116 (April 15) 1944.
9. Echternacht, A. P.: Injuries of the Urinary Tract; Roentgenological Considerations, Urol. & Cutan. Rev. 49:357-365 (June) 1945.
10. Peacock, A. H.: Industrial Urologic Injuries, California & West. Med. 62:19-20 (Jan.) 1945.
11. Sargent, J. C.: Injuries of the Kidney, J. Urol. 53:381-386 (Feb.) 1945.
12. Adams, P.: Traumatic Rupture of the Kidney, Am. J. Surg. 61:318-323 (Sept.) 1943.
13. Colston, J. A. C., and Baker, W. W.: Late Effects of Various Types of Trauma to the Kidney, Tr. Am. A. Genito-Urin. Surgeons 28:171-192, 1935.
14. Rolnick, H. C.: Pyelography in Injuries to the Kidney, Am. J. Surg. 20:40-44 (April) 1933.
15. Eisendrath, D. N., and Rolnick, H. C.: Urology, ed. 4, Philadelphia, J. B. Lippincott Company, 1938.
16. Melver, R. B.: Injuries of the Ureter and Their Management, J. A. M. A. 124:1116-1120 (April 15) 1944.
17. Surraco, L. A.: Ruptures spontanees pylo-ureterales, J. d'urol. 43:34-51 (Jan.) 1937.
18. Lion, K.: Spontanperforation von Uretersteinen, Med. Klin. 26:1892-1896 (Dec. 19) 1930.
19. Curtis, H. L.: Three Cases of Partial Rupture of the Ureter Due to Ureteral Calculi with Extravasation of Urine into Abscess Pocket, Maine M. J. 29:69-72 (April) 1938.
20. Collins, A. N., and Clement, G.: Ureteral Stone with Periureteral Extravasation, Minnesota Med. 13:910-911 (Dec.) 1930.
21. Munger, A. D.: Bladder Injuries Including Spinal Cord Injuries as Related to War and Civil Practice, J. A. M. A. 124:1120-1123 (April 15) 1944.
22. Culp, O. S.: Treatment of Ruptured Bladder and Urethra; Analysis of Eighty-Six Cases of Urinary Extravasation, J. Urol. 48:266-286 (Sept.) 1942.
23. Robinson, J. N.; Culp, O. S.; Suby, H. I.; Reiser, C. W., and Mullenix, R. B.: Injuries to the Genito-Urinary Tract in the European Theater of Operations, J. Urol. 66:498-507, 1946.
24. Campbell, M. F.: Urologic Injuries, Am. J. Surg. 30:327-341 (Nov.) 1935.
25. Simpson-Smith, A.: Traumatic Rupture of the Urethra, Eight Personal Cases, with Review of Three Hundred and Eighty-One Recorded Ruptures, Childbirth and War Injuries Excluded, Brit. J. Surg. 24:309-332 (Oct.) 1936.
26. Conway, F. M.: Fractures of the Pelvis; Clinical Study of Fifty-Six Cases, Am. J. Surg. 30:69-82 (Oct.) 1935.
27. Noland, L., and Conwell, H. E.: Acute Fractures of the Pelvis; Treatment and Results in One Hundred and Twenty-Five Cases, J. A. M. A. 94:174-178 (Jan. 18) 1930; Fractures of the Pelvis; a Summary of Treatment and Results Attained in One Hundred and Eighty-Five Cases, Surg., Gynec. & Obst. 56:522-525 (Feb. No. 2A) 1933.
28. McCague, E. J., and Semans, J. H.: Management of Traumatic Rupture of the Urethra and Bladder Complicating Fracture of the Pelvis, J. Urol. 52:36-41 (July) 1944.
29. Smith, G. G., and Mintz, E. R.: Traumatic Rupture of the Urethra, Tr. Am. A. Genito-Urin. Surgeons 24:241-248, 1931; Rupture of the Male Uretbra, New England J. Med. 205:421-424 (Aug. 27) 1931.
30. Harrison, J. H.: The Treatment of Rupture of the Urethra, Especially When Accompanying Fractures of the Pelvic Bones, Surg., Gynec. & Obst. 72:622-631 (Marcb) 1941.

1101 North Palafox Street.

SEVENTY-FOURTH ANNUAL CONVENTION

FLORIDA MEDICAL ASSOCIATION

ST. AUGUSTINE, APRIL 11-14, 1948

Undulant Fever: Report of Two Cases

Miriam M. Drane, M.D.

ST. PETERSBURG

This subject was chosen by me for presentation not because of the latitude of my experience nor the magnitude of my knowledge concerning the diagnosis and treatment of brucellosis, but because there seems to be a widespread lack of undulant fever consciousness in the medical profession itself. Harris[1] recently stated: "Brucellosis of animals and of man presents an almost unique twofold problem. It is one of the most difficult of all diseases to diagnose, particularly in the chronic illness. When a diagnosis has been arrived at, the problems of treatment are manifold." It would seem timely to recapitulate the most reliable diagnostic criteria and methods of treatment in that many psychoneurotics might deserve a reclassification and be given a tremendous boost to morale should we physicians increase our diagnostic acumen and recognize many cases of latent brucellosis.

Synonyms for undulant fever in man include brucellosis, Malta fever, Mediterranean fever and goat fever; in animals, contagious or infectious abortion of cattle and Bang's disease.[2] Explanatory remarks on the derivation of the varied and multiple terminology will furnish a history of its occurrence and reveal the type and scope of work of physicians and scientists whose correlated observations enable us now to be in a position to recognize the protean disease. As one would gather from the names, it is a widely scattered disease.

In 400 B. C. Hippocrates described a nonfatal recurring fever, having some features of tuberculosis. It is probably this affection he was recording. The British military force quartered in the Mediterranean area suffered with an irregular obscure fever during and following the Crimean War (1854-1856). Marston, a medical officer stationed in Malta, gave in 1863 a full and accurate description of the disease, which he termed Mediterranean remittent fever. Between the years 1860 and 1875, Malta fever became a clinical entity.

In 1886 Bruce cultivated the etiologic agent. In 1897 Bang discovered the Brucella abortus as the cause of contagious abortion in cattle, and the same year Wright and Sample applied the agglutination test as an aid to diagnosis. A study by a Malta Commission (1904-1907) established that the drinking of raw goat's milk was the common source of infection. In 1899 the first cases were recognized in this country among men recently returned from the tropics. Craig in 1905 detected many cases among soldiers who had returned from service in the Philippines, but also in a nurse who had not been out of this country nor had contact with patients having Malta fever. From 1911 to 1913 a few cases were reported from goat-raising areas in Texas, Arizona and New Mexico. Nothing was heard of this disease again until an epidemic occurred in Phoenix, Ariz., in 1922 due to raw goat's milk. In 1918 Alice Evans demonstrated that the organisms of Malta fever and contagious abortion in cattle are for all practical purposes identical. This knowledge led to the discovery of the widespread Brucella infection of bovine and porcine origin. In 1924 Keefer reported a case due to the Br. abortus variety of organism. Thereafter, reports came from South Africa, Canada, Germany, Sweden, Norway, Denmark, Italy, Great Britain, Switzerland, the Netherlands, France, Puerto Rico and New Zealand.

The organism had been termed by Bruce a coccus, while Bang called it a bacillus. It was proposed that it should be reclassified under the generic name Brucella, and that the disease as occurring in man and animal alike should be termed brucellosis. The organism causing the disease in goats is Br. melitensis, in cattle Br. abortus bovinus and in swine Br. suis. There is a related group which fails to agglutinate antigens of the known groups; these strains are termed Br. paramelitensis, Br. para-abortus and Br. parasuis. The Br. suis and Br. melitensis organisms have been recovered from cow's milk, and it is assumed that the bovine type is the parent organism, presenting various differences on adaptation to the other hosts. By 1929 undulant fever had been identified in every state in the United States. While contaminated milk and dairy products are the main source of infection, it has

Read before the Pinellas County Medical Society, April 3, 1947.

been demonstrated that the skin can serve as a portal of entry.[2] There is no evidence of man to man transmission,[3] though the same precautions as for typhoid fever should be observed in the sickroom.

SYMPTOMS

Symptoms of the acute type of undulant fever are: intermittent undulatory fever, drenching sweats, chills, headache, backache, muscular and joint pains, weakness, loss of weight, possibly a palpable spleen, an infrequent skin eruption, leukopenia with lymphocytosis and secondary anemia. The incubation period is five days to one month, and the prodromal symptoms are headache, weakness, loss of appetite and constipation. The evening temperature occasionally goes as high as 107 F. with great restlessness and insomnia. There may be invasion of the central nervous system. Pulmonary lesions are of frequent occurrence, characterized by hilar and peribronchial infiltrations and even patchy pneumonic areas. Vegetative endocarditis may occur. This form may last from a few days to several months, clearing by lysis.

The chronically ill neurasthenic patient, complaining of intermittent pains, weakness, anemia, low blood pressure, low basal metabolic rate, loss of weight, achlorhydria, anorexia and constipation, may be a sufferer from chronic undulant fever. The three cardinal features are weakness, low grade fever and a lack of objective physical findings.

DIAGNOSIS

Brucella may be recovered from bile, urine, blood, tissue and exudates from patients who have presented this picture of low grade fever for years. This is practically the only absolutely conclusive evidence. To obtain it is, however, difficult and time-consuming as the Br. abortus species has to be grown under an atmosphere of 10 per cent carbon dioxide. The agglutination test, while possibly the most reliable, may give negative results in the face of a positive blood culture (about 6 per cent of cases) and varies from month to month; it usually gives positive evidence five to fourteen days after the onset. Also, it may mask the proper diagnosis of malaria, tuberculosis, typhoid fever, influenza, pyelitis, rheumatic fever or bacterial endocarditis when there is a positive reaction as the result of a previous symptomatic or asymptomatic Brucella infection. A positive reaction in a dilution of 1:80 has usually been accepted, but if a positive result is obtained in even as low a dilution as 1:10, further studies should be made to rule out brucellosis.

The intradermal test, employing (1) a heat-killed vaccine and (2) a suspensoid of nucleoprotein known as brucellergin, usually gives a positive result in well developed cases, though it may do so in subclinical cases, and it persists for years after recovery. This test in itself may promote production of agglutinin; therefore, blood tests should be performed before skin tests. The opsonocytophagic test must be correlated with other findings to be of help.

TREATMENT

The acute stage should be handled symptomatically, with reliance on hydrotherapy rather than antipyretic drugs. Rest should be stressed after defervescence, and a high caloric diet should be given during convalescence.

Streptomycin induces a negative blood culture, but does not seem to be able to clear foci of infection such as those of the spleen, bone marrow, abdominal lymph glands, tubes and prostate gland. Antiserum or human immune serum has been of service in the acutely ill. Sulfa drugs suffer the same limitations as streptomycin. Splenectomy has even been suggested and tried with good results when the spleen has been demonstrated as a reservoir of infection. Harris[1] considered streptomycin, with the reservation mentioned, the most effective method of obtaining a cure in the acute case and Br. abortus vaccine the most effective means of treatment of the uncomplicated chronic infection.

In chronic cases, rest and psychotherapy are of great importance. The patients in these cases are depressed, worn out and pessimistic, often being labeled psychoneurotics.

As to specific treatment, Foshay[4] developed a serum which has proved of value in acute or subacute cases of less than eight months' duration. Vaccine therapy, the aim of which is to induce four to six sharp, systemic febrile reactions, ranks fairly high in therapeutic procedures. Standardized vaccines containing half and half Br. abortus and Br. suis are readily obtained. The vaccine is given at three day intervals, after the patient has been tested for sensitivity, and when five to eight injections of 1 cc. each have been given, if no sharp reaction has occurred, the dosage may be carefully increased to from 2 to 3 cc. Huddleson[5] preferred the sharp reaction, while Harris[1] in-

clined to the desensitization of the patient with sub-shocking doses. The type of vaccine is important; the Br. abortus alone seems preferable, the mixed strains causing undesirable and severe reactions. In the Eastern United States the infection is predominantly due to Br. abortus. The intramuscular injections bring about better response than the subcutaneous. Focal reaction, whether due to allergy or infection, especially in the central nervous system and ocular lesions is to be avoided.

Brucellin is a filtrate of a culture in liver broth. This preparation was devised by I. F. Huddleson[2] and may be procured at the Central Brucella Station, Michigan State College, East Lansing, Mich. This is given as outlined for the vaccine, the dosage going as high as 5 cc. Foshay and O'Neil[4] have prepared a partially oxidized and detoxified vaccine which causes no local or constitutional reaction and produces comparable results.

Practically 60 per cent of patients recover with vaccine or brucellin therapy, 25 per cent are benefited, and 15 per cent are unimproved. Other types of treatment are (1) injections of nonspecific proteins, giving fairly good results; (2) artificial fever therapy; and (3) the use of fuadin. Of 21 cases reported by Prickman, Bennett and Krusen,[6] in 80.9 per cent cure was apparently effected by artificial fever therapy. In 2 cases reported here, upon consultation with Dr. Norval M. Marr, I used fuadin with success.

REPORT OF CASES

Case 1.—M. L. E., a girl aged 13, had had a tonsillectomy and attacks of bronchitis in the winter. In the summer of 1944 she had been in Maryland, where unpasteurized milk is used. On returning home in September she complained of aching joints, fever and a rapid pulse. She consulted a physician, who ruled out acute rheumatic fever, but no tests were made for undulant fever. The second physician, on the mother's suggestion, had an agglutination test for undulant fever made, which gave positive results. She was given eight shots of brucellin and experienced severe reactions. The diagnosis of brucellosis was made in January 1945.

When I first saw the patient on Oct. 1, 1945, she still complained of aching joints, irregular fever, headache and rapid pulse. The agglutination with Br. abortus was positive in a dilution of 1:320. The temperature was 98.7 F., the blood pressure was 130 systolic and 80 diastolic, the pulse rate was 84, and the weight was 135 pounds. The blood count was normal. Between October 1 and 15 she was given four doses of brucellosis vaccine (P-D) containing 1,000 million organisms of Br. melitensis and 1,000 million of Br. abortus. Her reactions were so great and so uncomfortable that she discontinued the treatments. In January 1946, though noting no rise in temperature, she still complained of aching. The sedimentation rate was normal. On consultation with Dr. Marr, treatment with fuadin was instituted. A preliminary dose of 1 cc. was given on January 11 and 1½ cc. on the next day. She had an attack of bronchitis and did not resume treatments until February 4. This series of treatments was completed on March 4. On March 11 the agglutination test gave a positive result in a 1:80 dilution, on June 6 it was partially positive in a 1:80 dilution, and on October 5 it was negative. A brucellergin skin test was made on March 27, 1947; there was a strong positive result in forty-eight hours, but in ninety-six hours it was negative.

The patient spent the summer of 1946 in the North, and when seen in October of that year she complained of aching of the legs and back, and a persistent nonproductive cough with much pain in the region of the chest and spleen, but no fever. The bronchitis had been thought due to allergy to foods, and she was tested March 30, 1946, presenting positive reactions to many foods and inhalants. With careful attention to this test, her sneezing and skin eruption were practically controlled. She was retested for allergy on March 8, 1947 and is free of symptoms when she watches her diet.

Case 2.—Mrs. M. J. H., aged 45 and with three living children, had had one therapeutic and one spontaneous abortion. There was a history of typhoid fever at 5 years of age, rheumatic fever, a tonsillectomy at the age of 18, chronic appendicitis at 22, and removal of the left ovary and a cyst with suspension of the uterus at 32.

She had noted muscular aching in the summer of 1945, which she attributed to nursing her husband, who had been injured. In February 1946 she consulted her family physician in Johnsonburg, Pa., who made a diagnosis of spastic rheumatism, prescribed a tonic and gave her two hypodermics of prostigmine a week. There was no improvement, and in August 1946 she was hospitalized for further study. The temperature was normal, weight 150 pounds, blood pressure 130 systolic and 80 diastolic, red blood cells 3.66 million, hemoglobin 77 per cent, white blood cells 7,350, sedimentation time 12 mm. in two hours and thirty-five minutes and 18 mm. in more than six hours, fasting blood sugar 101 mg. and agglutination with Br. abortus positive in a 1:320 dilution. The basal metabolic rate was -15, and the Wassermann reaction was negative. It was considered that a great deal of her fatigue was based on a severe disturbance of her emotional life, and without any specific treatment she was advised to spend the winter in Florida.

She arrived in Florida September 15. When she first consulted me on November 1, she reported that she had run a low grade fever, with a temperature of 99.5 F., for the preceding ten days, had lost 14 pounds and had noticed an increase in sweating, some vertigo and much aching.

On examination, the blood pressure was 100 systolic and 74 diastolic, temperature 98.4 F., pulse rate 96, weight 142 pounds and basal metabolic rate -18. On five blood counts the hemoglobin estimation ranged from 70 to 80 per cent, and the red blood cell count above 4.25 million; lymphocytes were 38, 44, 38, 48 and 42, and the white blood cell count averaged around 6,500. Symptomatic treatment was continued until December 19, and then treatment with fuadin was instituted. This was continued until Jan. 10, 1947, when 40 cc. had been received. On January 14 an agglutination test gave negative results in all dilutions. On March 27, the reaction to the brucellergin skin test was negative. On January 28 the patient reported she was feeling better in every way; the temperature was 98.6 F., the pulse rate 88, the blood pressure 106 systolic and 70 diastolic, and the weight 146 pounds. She is taking thyroid ½ grain with vitamin B_1 twice a day. She now feels well and is asymptomatic.

SUMMARY

A brief review of the history, symptoms, diagnosis and treatment of undulant fever is presented. Two cases are reported in which treatment with fuadin was effective.

REFERENCES

1. Harris, H. J.: Brucellosis, Advances in Diagnosis and Treatment, J. A. M. A. 131:1485-1493 (Aug. 31) 1946.
2. Simpson, W. M.: Cyclopaedia of Medicine, Surgery and Related Subjects, Philadelphia, F. A. Davis Company, 1946, vol. 15, p. 540.
3. Transmission of Undulant Fever, Queries and Minor Notes, J. A. M. A. 131:1182 (Aug. 3) 1946.
4. Foshay, L.: Brucellosis, in Barr, D. P.: Modern Medical Therapy in General Practice, Baltimore, Williams & Wilkins Company, 1940.
5. Huddleson, I. F.; Hardy, A. V.; Debono, J. E., and Giltner, W.: Brucellosis in Man and Animals, New York, Commonwealth Fund, 1943.
6. Prickman, L. E.; Bennett, R. L., and Krusen, F. H.: Treatment of Brucellosis by Physically Induced Hyperpyrexia, Proc. Staff Meet., Mayo Clin. 13:321-328 (May 25) 1938; cited by Simpson.[2]

820 Power & Light Building.

Child Management in Public Health Dentistry

D. H. TURNER, D.D.S.
JACKSONVILLE

Successful child management in public health dentistry, as in private practice, is often so closely linked to successful parent management that I am reminded of the old, oft debated question, "Which comes first, the egg or the chick?" But, be that as it may, there are a few general practices that can be used to advantage by all. Remember that children are afraid or skeptical of everyone and everything that is strange to them, even as you and I are more or less wary of the unknown. Then, the first thing to do is to try to eliminate the fear most children feel towards a dentist. As the children are human beings, and as the dentist is also a human dentist—the opinion of many children and many adults to the contrary notwithstanding—it is necessary to use different methods in dealing with different children; also the dentist should use methods that are in keeping with his own personality. I may use one way and you another and yet we may both be successful.

In my work with children in the public health field for the last ten or eleven years, I have found that I get along with them best by (a) never talking down to them; (b) assuming a natural, easy, friendly manner with them; (c) kidding them along a bit; (d) complimenting them by telling the little girls about their pretty dresses, hair ribbons and dimples, and the little boys about their strength and manly appearance; (e) asking them about their school work, what games they play, and telling them what I liked to do when I was small; (f) riding them up and down in the dental chair a few times; (g) letting them examine the mouth mirror or some other instrument; (h) showing them some crazy trick and (i) giving them the empty anesthetic bottles to use as whistles. Naturally, the getting-acquainted methods must be adapted to the age of the child. One point to remember and strictly adhere to is never—under any circumstances—to lie to them. If it is necessary to cause a little pain, tell them about it first and, if possible, explain why. They appreciate frankness.

Much of the fear a child has for the dentist is caused by loose talk on the part of older children and adults, and regardless of how much effort the dentist spends in creating good will and friendliness between the child and himself, it may be lost. For example, a little girl of 7 or 8 years had made several pleasant and successful visits to her family dentist, but when it came time for the final visit, her father had great difficulty in persuading her to return. When told about it, the dentist said, "Why, Mary, I thought you and I were good friends. I haven't hurt you yet, have I?" "No," said Mary, "but my best girl friend told me you have just been leading up to the hurting part."

In dealing with older children, they can usually be appealed to from the social, esthetic and economic angles. They can be shown pictures bringing out the difference in looks between persons with healthy, well kept mouths and those with unclean mouths and teeth in a bad state of repair. Once they get the idea that a healthy mouth is an aid to them in becoming athletes, holding good jobs, and improving their looks and general health, they are eager and glad to have dental attention, even though it may cause them some discomfort.

The dentist engaged in the practice of children's dentistry, private or in the field of public health, has a wonderful opportunity to teach

Read before the Florida Health Officers' Society, Second Annual Meeting, Miami, April 21, 1947.

dental health education not only to the children, but through them to their parents. His sphere is limited, however, and he will not get the ideas across to a large number of persons. That is why he needs the help of every public health organization, especially city and county health departments. Until all public health workers are truly informed on the close connection between general health and dental health and are trained to spread this gospel, progress in public health dentistry will be slow. Every public health worker should know and teach that (a) children's dental care should begin prior to 3 years of age and includes regular visits to the dentist; (b) caring for the deciduous teeth is important; (c) proper development of permanent teeth depends upon proper care of the deciduous teeth, explaining how and why; (d) correct tooth-brushing technic is important; (e) merely brushing teeth will not prevent dental caries; (f) the relationship of nutrition to proper tooth development is a vital consideration, and (g) the social, esthetic, and economic values of a healthy, well kept mouth are numerous and not to be underestimated. No public health program, be it city, county, state, or nationwide, is well rounded unless it includes a dental correctional phase, as well as an educational phase, in its program. These two phases should be linked into a Dental Health Program.

The dental profession in Florida, long cognizant of these facts, used its influence in 1936 in establishing a Bureau of Dental Health within the Florida State Board of Health. The Bureau's first efforts were along the lines of surveys and inspections, in order to obtain a picture of the dental condition of the children throughout the state. A great, deplorable need was found for dental health education and dental corrective service. An educational program was begun which, without doubt, was of much value; however, when the surveys disclosed that at least 45 per cent of the elementary school children were dental indigents, it is easy to understand why education was of little use to them unless corrective care was also provided. What they needed was corrective service, an alleviation of their daily toothaches and other troubles arising from diseased oral conditions. So, after a few months of dental health education, provided by talks, lectures, motion pictures and literature, the Bureau began to plan and operate an educational-correctional program. The plan called for, and still does, dental health education for everyone in the state through the mediums of talks, lectures, literature, motion pictures and exhibits, and corrective service for the dental indigents among maternal (antepartum and postpartum) patients, preschool children and elementary school children.

Realizing, as the Bible tells us, that the poor will always be with us, and that each community should make provision for its own indigents, the Bureau of Dental Health spent much time and effort in an attempt to organize county dental clinics in those counties having organized health departments. But just as this phase of the program was showing signs of progress, World War II threatened and then became a reality. Everyone knows what happened to physicians and dentists and many well laid plans. Many of the city, county and city-county clinics closed entirely. Three county health departments, Dade, Hillsborough and Pinellas, carried on rather well during these bad years. The clinic in Pinellas County continued more steadily than any of the others. On July 15, 1946, Duval County Health Department reopened its dental program in connection with its general public health program.

What can be done by one dentist working in a county clinic is shown in the following figures for Duval County, covering a period of nine months:

Patients, new			1012
Patients, repeat			1790
Inspections			1094
Prophylaxis			363
Corrections:			
Fillings, amalgam	D. 114	P.	1120
Fillings, cement	D. 66	P.	423
Fillings, silicate	D.	P.	4
Extractions	D. 690	P.	
Treatments			321
Miscellaneous			429
Total corrections			3167

These children individually also received talks on dental health education while in the chair, on such subjects as correct tooth-brushing technic and habits, and the importance of eating the right foods. Also, dental health literature was distributed to them and a motion picture on dental health was presented in a number of the schools. Because of the large number of children needing a great deal of work, it is impossible to do all for each child. The most necessary work, to relieve present trouble and prevent immediate future con-

cern, is done. A few parents, through ignorance, refuse to let their children receive the service.

At this time, because of the shortage of dentists only two county health departments, Duval and Pinellas, are conducting these clinics. Also, the Bureau of Dental Health is without a director and has only one public health dentist in the field. He is doing an excellent piece of work. He operates his clinics in the same manner as the county clinics are operated. It is impossible for him to visit more than ten or twelve counties during a year.

If each one of the organized county health departments could include a dental health (educational-correctional) phase in its general plan, much of Florida's toothache and headache could be eliminated. It will take a great deal of educational work directed toward key persons in the various counties, and the education and management of many of the parents, as well as as the public in general, before this work can be done. Such projects require funds, and the public must be shown why it saves money by such expenditures. There will certainly be happier, better looking men and women in the future when and if this undertaking is accomplished.

1805 Main Street.

ABSTRACTS OF MEDICAL ARTICLES

CERTAIN FACTORS INFLUENCING CANCER CURABILITY. BY ALFRED G. LEVIN, M.D. SOUTH. M. J. 40:259-261 (MARCH) 1947.

Dr. Levin ably discusses the serious duty devolving upon the physician not only to be thoroughly familiar with the long established, basic facts concerning malignant disease but also to keep abreast of the latest advances and to grant to every case the full advantage of today's best practical knowledge of this most curable of all the highly fatal diseases. He takes note of the increasingly informed attitude of the layman regarding cancer and its curability and of the well planned state cancer control programs and well directed education on a national level, which aid greatly in reducing the delay period for which the patient is at fault. The culpability for delay, he observes, is shifting more and more to the shoulders of the physician. He cites a recent study of 500 consecutive cases at Memorial Hospital in New York, which showed that about 45 per cent of delays were the fault of the patient alone, 40 per cent the fault of the original physician alone and the remaining 15 per cent a combination of the fault of both.

In his plea for widespread application of today's basic knowledge of this disease, which in itself would effect a cure in well over half of all cases of cancer, he stresses the extreme importance of biopsy. This procedure, in turn, emphasizes the necessity for professional teamwork in promoting early diagnosis of this formidable enemy of man.

POLYPS OF THE STOMACH WITH REFERENCE TO THE GASTROSCOPIC FINDINGS. By W. D. Paul, M.D., and W. P. Logan, M.D. Gastroenterology 8:592-606 (May) 1947.

With the presentation of 10 cases of gastric polyps and 3 questionable cases found in a series of 1,725 gastroscopic examinations, the authors answer the questions of what is a polyp and how is it treated, and relate them to the gastroscopic examination. They note that polyp, an old term, has by common usage come to refer to any pedunculated benign tumor, irrespective of its histologic structure, and that the greatest number of gastric polyps are adenomas, with leiomyomas second. They observe further that the most important aspect of gastric polyps is their tendency to become malignant, and that since the clinical picture is in no way diagnostic and the condition is frequently asymptomatic, any patient with gastrointestinal bleeding, obstructive signs, especially if intermittent, and in fact, any unexplained gastrointestinal complaints should be subjected to combined roentgenologic and gastroscopic examination as the only means of establishing a diagnosis of this condition.

In their opinion, all large polyps and those which suggest malignant changes should be removed, but the usual, small, benign polyps do not require such a radical procedure. These, they conclude, are probably just as well left alone, although frequent examinations, preferably by gastroscopy, are necessary in order to observe any suggestion of malignant degeneration.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

William C. Thomas, M.D., President.....*Gainesville*
Joseph S. Stewart, M.D., President-elect.....*Miami*
Frank W. Hewlett, M.D., 1st Vice Pres.....*Coral Gables*
Frank D. Gray, M.D., 2nd Vice Pres.....*Orlando*
Bricey M. Rhodes, M.D., 3rd Vice Pres.....*Tallahassee*
Robert B. McIver, M.D., Sec'y-Treas.....*Jacksonville*
Shaler Richardson, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

Stewart G. Thompson, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

Walter C. Payne, M.D., Chm...A-50.....*Pensacola*
Herbert L. Bryans, M.D...S.B.H.-48.....*Pensacola*
Duncan T. McEwan, M.D...B-49.....*Orlando*
David R. Murphey, Jr., M.D...C-51.....*Tampa*
Leigh F. Robinson, M.D...D-48.....*Ft. Lauderdale*
Herbert E. White, M.D...AL-48.....*St. Augustine*
John R. Boling, M.D...PP-48.....*Tampa*
Shaler Richardson, M.D...PP-49.....*Jacksonville*
William C. Thomas, M.D. (Ex Officio).....*Gainesville*
Joseph S. Stewart, M.D. (Ex Officio).....*Miami*
Robert B. McIver, M.D. (Ex Officio).....*Jacksonville*
Stewart G. Thompson, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. Rocher Chappell, M.D., Chm...AL-48.....*Orlando*
Jere W. Annis, M.D...C-51.....*Lakeland*
Frederick K. Herpel, M.D...D-50....*West Palm Beach*
Daniel A. McKinnon, M.D...A-49.....*Marianna*
Herbert E. White, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

Harold D. Van Schaick, M.D., Chm...B-50.....*Miami*
Thomas H. Bates, M.D...A-49.....*Lake City*
Orion O. Feaster, M.D...C-51.....*St. Petersburg*
C. Frederic Roche, M.D...D-48.....*Miami*
S. Marion Salley, M.D...AL-48.....*Miami*
William C. Thomas, M.D. (Ex Officio).....*Gainesville*
Robert B. McIver, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

George M. Dawson, M.D., Chm...AL-48.....*Palm Beach*
Howard G. Holland, M.D...B-48.....*Leesburg*
Bascom H. Palmer, M.D...D-50.....*Miami*
Alvord L. Stone, M.D...C-51.....*Tampa*
John K. Turberville, M.D...A-49.....*Century*

PUBLIC RELATIONS

Frank G. Slaughter, M.D., Chm...AL-48...*Jacksonville*
Edwin H. Andrews, M.D...B-51.....*Gainesville*
Alvin L. Mills, M.D...C-50.....*St. Petersburg*
Leigh F. Robinson, M.D...D-49.....*Ft. Lauderdale*
Carol C. Webb, M.D...A-48.....*Pensacola*

NECROLOGY

Courtland D. Whitaker, M.D., Chm...A-48..*Marianna*
Reddin Britt, M.D...B-51.....*St. Augustine*
Robert B. Harkness, M.D...AL-48.....*Lake City*
Thomas O. Otto, M.D...D-50.....*Miami Beach*
Thomas W. Taylor, M.D..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

Turner Z. Cason, M.D., Chm...B-51.....*Jacksonville*
George L. Cook, M.D...C-50.....*Tampa*
W. W. George, M.D...AL-48.....*West Palm Beach*
E. Sterling Nichol, M.D...D-49.....*Miami*
James H. Pound, M.D...A-48.....*Tallahassee*

CANCER CONTROL

Frederick K. Herpel, M.D., Chm...AL-48.*W. Palm Bch.*
Charles J. Collins, M.D...B-49.....*Orlando*
Joseph Halton, M.D...C-48.....*Sarasota*
George W. Morse, M.D...A-51.....*Pensacola*
Lloyo J. Netto, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

Harrison A. Walker, M.D., Chm...D-50.....*Miami*
Harold O Brown, M.D...C-51.....*Tampa*
Herbert L. Bryans, M.D...A-48.....*Pensacola*
J. Maxey Dell, Jr., M.D...AL-48.....*Gainesville*
Joseph H. Rutter, M.D...B-49.....*Daytona Beach*

VENEREAL DISEASE CONTROL

E. Thomas Sellers, M.D., Chm...B-48.....*Jacksonville*
J. Powell Adams, M.D...A-49.....*Panama City*
James L. Estes, M.D...C-51.....*Tampa*
Wiley M. Sams, M.D...D-50.....*Miami*
Wilson T. Sowder, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

Henry J. Peavy, M.D., Chm...D-50.....*Ft. Lauderdale*
Edgar Austin, M.D...AL-48.....*Plant City*
Simon E. Driskell, M.D...B-49.....*Jacksonville*
Lamar L Lancaster, M.D...C-51.....*Bartow*
Ralph B. Spires. M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

Louie Limbaugh, M.D., Chm...B-49.....*Jacksonville*
Frank V. Chappell, M.D...C-51.....*Tampa*
Luther C. Fisher, M.D...A-48.....*Pensacola*
Fred Mathers, M.D...AL-48.....*Orlando*
Scheffel H. Wright, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. Maxey Dell, M.D., Chm...AL-48.....*Gainesville*
Benjamin F. Barnes, M.D...A-48.....*Chattahoochee*
Lloyo J. Netto, M.D...D-49.....*West Palm Beach*
Meredith Mallory, M.D...B-50.....*Orlando*
S. Edgar Watson, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

Samuel R. Norris, M.D., Chm...B-48.....*Jacksonville*
Samuel C. Harvard, M.D...C-49.....*Brooksville*
Robbins Nettles, M.D ..AL-48.....*Ocala*
Richard F. Stover, M.D...D-51.....*Miami*
Benjamin A. Wilkinson, M.D...A-50.....*Tallahassee*

CHILD HEALTH

Luther W. Holloway, M.D., Chm...B-49..*Jacksonville*
David W. Martin, M.D...AL-48.....*West Palm Beach*
Manuel A. Perez, M.D...C-51.....*Tampa*
Warren W. Quillian, M.D...D-50.....*Coral Gables*
Eugene D. Thorpe, M.D...A-48.....*Madison*

CONSERVATION OF VISION

Joseph W. Taylor, M.D., Chm...C-50.....*Tampa*
Charles W. Boyd, M.D...B-51.....*Jacksonville*
Carl E. Dunaway, M.D...D-49.....*Miami*
Orville N. Nelson, M.D...AL-48.....*St. Petersburg*
William S. Nichols, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

Annette M. Feaster, M.D., Chm...C-49..*St. Petersburg*
Merritt R. Clements, M.D...AL-48.....*Tallahassee*
Luther C. Fisher, M.D...A-48.....*Pensacola*
Edgar W. Stephens, M.D...D-50.....*West Palm Beach*
Charles E. Tribble, M.D...B-51..... *DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

Frank L. Fort, M.D., Chm...B-49.....*Jacksonville*
Edward W. Cullipher, M.D...D-51.....*Miami*
Julius C. Davis, M.D...A-48.....*Quincy*
R. Renfro Duke, M.D...C-50.....*Tampa*
Thomas C. Kenaston, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. Duncan Owens, M.D., Chm...AL-48....*Miami Beach*
First—William C. Roberts, M.D...1-48....*Panama City*
Second—Irby H. Black, M.D...2-49.....*Live Oak*
Third—Vernon A. Lockwood, M.D...3-48.*St. Augustine*
Fourth—Rabun H. Williams, M.D...4-49.....*Bunnis*
Fifth—John M. Butcher, M.D...5-49.....*Sarasota*
Sixth—James R. Boulware, Jr., M.D...6-48...*Lakeland*
Seventh—Adrian M. Sample, M.D...7-48.....*Ft. Pierce*
Eighth—Russell B. Carson, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

Homer L. Pearson, Jr., M.D., Delegate.....*Miami*
William M. Davis, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1948)
Louis M. Orr, II, M.D., Delegate.....*Orlando*
William Y. Sayad, M.D., Alternate...*West Palm Beach*
(Terms expire Dec. 31, 1949)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
SHALER RICHARDSON, M.D.....Jacksonville

ASSISTANT EDITOR
WEBSTER MERRITT, M.D.....Jacksonville

MANAGING EDITOR
STEWART G. THOMPSON, D.P.H.....Jacksonville

ASSOCIATE EDITORS
GEORGE L. COOK, M.D.....Tampa
J. MAXEY DELL, JR., M.D.....Gainesville
FRANK D. GRAY, M.D.....Orlando
HOMER L. PEARSON, M.D.....Miami
JAMES H. POUND, M.D.....Tallahassee
WILSON T. SOWDER, M.D.....Jacksonville

COMMITTEE ON PUBLICATION
SHALER RICHARDSON, M.D., Chairman.....Jacksonville
ARTHUR L. WALTERS, M.D.....Miami Beach
HERMAN WATSON, M.D.....Lakeland

ABSTRACT DEPARTMENT
KENNETH A. MORRIS, M.D., Chairman.....Jacksonville
ORION O. FEASTER, M.D.....St. Petersburg
ROBERT T. SPICER, M.D.....Miami

Board of Past Presidents
JOHN S. MCEWAN, M.D., Chm., 1925.....Orlando
JOHN R. BOLING, M.D., Sec'y., 1944, 1945.....Tampa
ROBERT H. MCGINNIS, M.D., 1915.....Jacksonville
WILLIAM E. ROSS, M.D., 1919.....Jacksonville
H. MARSHALL TAYLOR, M.D., 1923.....Jacksonville
JOHN C. VINSON, M.D., 1924.....Tampa
H. MASON SMITH, M.D., 1926.....Tampa
JOHN A. SIMMONS, M.D., 1927.....Arcadia
FREDERICK J. WAAS, M.D., 1928.....Jacksonville
HENRY C. DOZIER, M.D., 1929.....Ocala
JULIUS C. DAVIS, M.D., 1930.....Quincy
WILLIAM M. ROWLETT, M.D., 1933.....Tampa
HOMER L. PEARSON, M.D., 1934.....Miami
HERBERT L. BRYANS, M.D., 1935.....Pensacola
ORION O. FEASTER, M.D., 1936.....St. Petersburg
EDWARD JELKS, M.D., 1937.....Jacksonville
W. HENRY SPIERS, M.D., 1938.....Orlando
LEIGH F. ROBINSON, M.D., 1939.....Ft. Lauderdale
WALTER C. JONES, M.D., 1941.....Miami
EUGENE G. PEEK, M.D., 1943.....Ocala
SHALER RICHARDSON, M.D., 1946.....Jacksonville

THE CRISIS PRODUCED BY A SHORTAGE OF NURSES

It is becoming more apparent every day that the nation is faced by a real crisis due to a shortage of qualified graduate nurses. In an appeal for public cooperation to resolve this crisis, the American Nurses Association recently pledged all its resources to the task of initiating and furthering corrective measures and issued a leaflet which summarizes the major causes for the shortage. Chief of these causes appear to be: (1) financial compensation which is insufficient to give economic security, (2) inadequate legal control whereby unqualified and unlicensed persons can compete with registered nurses, and (3) faulty distribution which tends to concentrate nursing service in metropolitan areas. An editorial in the Journal of the Florida Medical Association for December 1947 points out what appears to be an error in the training of nurses during recent years, directs attention to the fact that some educators and officials have unwittingly contributed to the nursing shortage, and suggests that that specific error now is being partially corrected.

It is apparent that the problem is difficult and that there are many angles which complicate its solution. It is equally apparent that the health of the public is endangered and that people need to be aroused to awareness of the threat to their health because of the shortage.

Members of the Florida Medical Association and of the Woman's Auxiliary can make an immediate contribution toward solution of the problem by talking with young women throughout the state, by stimulating their interest in the nursing profession and by encouraging them to enter training. The final solution of the problem, however, will require the hearty cooperation of nurses, physicians, hospital administrators and all organizations concerned with medical care for the sick.

NEW ELECTION PROCEDURE

Officers of the Association will be elected in the House of Delegates at noon on the last day of the annual meeting. The Constitution was amended to provide for this change at the last meeting of the House of Delegates, and the amendment was ratified by more than three fourths of the county medical societies. Twenty-eight county medical societies by a majority vote of the members present at a regular meeting voted to ratify the action of the House of Delegates. Two societies voted against the ratification, and four societies have not yet filed a vote. There is a total of thirty-four county medical societies.

Now that all the Association's officers will be elected in the House of Delegates, each county medical society will be represented by its delegates. Representation at the forthcoming meeting will be based on the membership of the calendar year 1947. At the close of the day, Dec. 31, 1947, the total membership in each county medical society will be submitted to the secretaries of the respective societies for verification. One delegate for each twenty members and one delegate for each major fraction will be eligible. Each county medical society holding a charter is entitled to one delegate. In some instances, a county society may not have a total of twenty members.

Secretaries of all county medical societies are urged to send in the names of their officers and the names of their delegates immediately after the elections have been held. It is hoped that all of these societies will have held their elections not later than at their December meetings.

COMMITTEE REPORTS AND RESOLUTIONS

Annual reports of all standing committees are to be filed with Dr. Robert B. McIver, Secretary of the Association, sixty days in advance of the first meeting of the House of Delegates. All delegates who contemplate presenting resolutions for action of the House of Delegates are to submit them sixty days in advance. These annual reports of committees and resolutions will be printed in booklet form and forwarded to each delegate. Since the House of Delegates may not always act favorably, the booklet will be marked "confidential" as the reports and resolutions will not be official until acted on by the House of Delegates. A delegate, however, is authorized to take up with his county medical society for instructions the contents of the "confidential" booklet.

For a number of years various plans have been studied to eliminate the reading of long reports and resolutions at the first meeting of the House of Delegates. On April 23, 1947 the Board of Governors authorized this new procedure. Since each delegate will be in possession of a printed booklet containing the annual reports of standing committees and resolutions, the President may refer these to one of the three reference committees without being read in open meeting. The chairman of each standing committee will, however, be recognized and given an opportunity to explain or supplement his printed annual report. It is hoped that this new procedure will prove to be more efficient and less tiresome to the delegates who sit through long sessions.

All reports and resolutions, typewritten double-spaced and in duplicate, should be forwarded to Box 1018, Jacksonville, on or before Feb. 1, 1948. Every effort will be made to have these "confidential" booklets printed as quickly as possible and put in the hands of every delegate. In view, however, of the many problems in printing plants at the present time, any delay in filing annual reports and resolutions will curtail just that much the time the delegates will have to study the material.

THE A. M. A. RESOLVES—DO YOU?

At its fall meeting the Board of Trustees of the American Medical Association voted to send to the secretaries of all component county medical societies, the administrators of the 6,280 hospitals registered by the American Medical Association and the presidents of the medical staffs in these hospitals a copy of the following resolutions, adopted by the House of Delegates at its annual session in June 1947:

> RESOLVED, That the House of Delegates of the American Medical Association is in complete agreement with the recommendations of the West Virginia State Medical Association in its opposition to the encroachment by hospitals and other organizations on the private practice of medicine; and be it further
>
> RESOLVED, That all fees for medical services be set by and collected by or for doctors of medicine rendering this service, and that all policies and practices involving medical services be approved by the medical board or medical staff before being put into effect; and be it further
>
> RESOLVED, That the Council on Medical Education and Hospitals recommend strongly that all hospitals conform to these resolutions; and be it further
>
> RESOLVED, That the House of Delegates of the American Medical Association go on record as strongly disapproving this practice of encroachment, and that notice of this action be sent to the American, Protestant and Catholic hospital associations and to the Blue Cross organizations.

In effect, this is strong notice to hospitals to cease those practices by which they encroach upon the private practice of medicine, and notice likewise to component medical societies to see to it that hospitals in their respective communities take due cognizance. It is to be hoped that the

component county societies of the Florida Medical Association will not fail to bring about appropriate action.

In what ways are hospitals and other organizations encroaching upon private medical practice? One of the ways most favored by hospitals, and now openly advocated in some of their national publications, is to offer outpatient department service, far beyond any reasonable limits of emergency service, to all and sundry who apply. A nominal fee is charged, but a handsome profit accrues to the hospital because the hospital furnishes nothing more costly or competent than the service of an intern or resident. Usually, this is done with the tacit consent of the medical staff.

Many hospitals employ a physician for nominal "supervision" of their clinical and pathologic laboratories, and a part time specialist "film reader" in charge of their x-ray department. The patient is charged for a hospital service. What he pays is the same as he would pay a private pathologist or radiologist for a consultation. The hospital pockets the profit. The employed physician is of course an accessory to the hospital's encroachment. The result is a relatively degraded service.

Not all hospitals engage in such practices. Those which do usually justify them on the basis of holding down the costs of hospital care; admittedly they are under great pressure to do so. Generally, these institutions are not operated for the profit of any individual or stockholder. But it is not just that the patient receive less competent service than he pays for and deserves, or that physicians contribute heavily to lowering the public's burden for hospitalization.

Certain philanthropic, state and federal agencies also are well known for their encroachment on private medical practice. Usually, their ministrations are intended for the most needy, but too often, in their enthusiasm to do good or make an impressive record, or even to be able to utilize all the funds available to them, their definition of indigence is stretched to include classes of patients that would be far better served by the family physician.

The American Medical Associaton has expressed its condemnation of these practices in the resolutions cited. It cannot stop them, however, acting independently from Chicago. But through us, its members, many of them can be rectified or modified, if we are concerned enough to act.

How? Scarcely a physician but has some personal knowledge of encroachment practices by some hospital or agency. Take them up with your hospital medical staffs. Call them to the attention of your county medical societies, most of which have committees on hospital, public health and economic affairs. See that your problems are given attention and an earnest attempt made locally to work out fair and practical solutions. A simple resolution condemning a specific practice of encroachment, adopted by your local medical society after full and judicious consideration and made known to the offending institution or agency, will carry more weight and be more corrective than any other force the American Medical Association can bring to bear.

EYE BANKS

Since the establishment of the first eye bank in New York in February 1945, three affiliated banks have been organized, in Boston, Chicago and recently New Orleans. This project with its dramatic appeal promptly won the support of philanthropically inclined persons and aligned organized charity in its behalf; indeed, the laity has practically taken over. The efforts of these organizations to obtain material for corneal transplants is of course commendatory, but with the reservation that they should make every effort to avoid exaggeration and impress upon the public the true situation regarding the extremely limited number of persons they may serve. The publicity has been so excessive and in some instances so ill advised that hope is held out where there is no hope, and from the viewpoint of the medical profession the procedure of keratoplasty has been so overpublicized as to approach the ridiculous.

Investigations do not bear out the optimistic estimates of the press that from 10,000 to 40,000 might be helped by corneal transplants, nor the suggestion of one eye bank that 15,000 of the 250,000 blind in this country would be benefitted by keratoplasty. Only a few hundred corneal transplants have been performed in this country, and it would appear that already the first crop has been harvested. In itself, the operation is not extremely difficult. Any competent ophthalmic surgeon should be able to perform it, and many have stood ready and waiting for the suitable cases, which, for the most part, appear not to be forthcoming.

Evaluation of the results of the operations thus far performed shows that many have proved futile and that some were definitely ill advised. Inquiry indicates that 25 per cent would be a generous estimate of the number of instances in which the operation has been of significant value to the patient.

The function of the eye bank is to interest possible donors and to store and distribute material, a delicate and difficult task at best. Donor eyes are obviously needed, and the role of the eye banks in serving as intermediaries in obtaining enucleated eyes for transplant purposes has its place and deserves success. Also, efforts to improve technics and to train ophthalmologists to perform keratoplasties are highly desirable and to be encouraged. Nevertheless, important as it is to the person affected and worthy of continued investigation as it undoubtedly is, the field is highly restricted. Overemphasis with the raising of unwarranted hopes is, in consequence, particularly regrettable.

GOOD MEDICINE FOR WHAT AILS US

With the convening of the new Congress and with a crucial presidential election dominating the preview of the year just ahead, it would appear that there is no better time to remind the nation—not just once, but again and again—that in this country at least, government was not created to organize the daily life of its citizens. Every citizen of this fair land needs constantly to be reminded that man is not government's creature, but that government is man's creature, instituted by him for the preservation of his rights. A nationwide course in the ABC's of economics would indeed be timely. The government's continued profligacy forces individual citizens to reconcile themselves to giving a large share of their income to the government for years to come. The government does not create income, as do they, by producing goods and services. It gets its income only by taking it from its citizens—from you and me. Had it occurred to you that all the so-called liberals have to be liberal with is the wages and profits earned by you and others?

A health program for the nation calling for annual government spending in astronomical figures is already very much to the fore as a campaign issue. It is high time that the profession and the laity alike look to the purse strings as well as the alleged advantages of such a program, regardless of sponsorship. Government-controlled, or so-called socialized medicine under whatever guise is a financially top-heavy, ever present menace. How much do you as a taxpayer want to invest in the regimentation of the medical profession? Straight thinking regarding this one phase of government spending alone is good medicine for what ails us—not only from the standpoint of the pocketbook but also from that of preserving the future health of the nation.

MALARIA REMAINS ENDEMIC IN FLORIDA

Malaria is known to occur in cycles. Often times credit is taken for the decrease in the number of cases in a community after a good mosquito control program has been completed. If the control program is carried out while the malaria cycle is on the decline, the control work is often given all the credit. One must remember that malaria has, in the past, occurred in cycles and that man can aid in its control.

Physicians' reports to the county health officers are not as complete as they should be; however, the number of cases reported is a good index of the number of cases of a communicable disease present in a community. The records of the State Board of Health show there has been an average of 560 cases of malaria each year for the past twenty years. The highest number in any one year was 1,535 in 1939, and the lowest was 85 in 1942. There were 467 cases reported in the state in 1946, and in addition to this number, 40 cases were reported in which the disease had been acquired overseas by veterans.

Perhaps the deaths due to malaria each year may be a better index of the malaria situation. There were 82 deaths from malaria in 1941 in the state or a rate of 4.1 per 100,000 population. In 1945, there were 21 deaths, or a rate of 0.9.

For the first seven months of the current year, there have been 100 cases of malaria reported in the state and 10 other cases reported in which the disease was acquired overseas. In some of the cases the disease may be recurrent. The cases reported for the seven month period this year occurred in twenty-four counties: Ala-

chua 19, Columbia 26, Levy 7, Bay 6, Hillsborough 5, Polk 5, Gadsden 5, and 1 to 2 cases in the other counties.

Many persons seem to think that malaria is completely under control now that DDT and other preparations are available. It is evident that malaria is still endemic and that control procedures need to be continued. Physicians cannot eliminate malaria from the possible list of illnesses that they encounter in their daily rounds.

TOPICAL USE OF SULFONAMIDES DISAPPROVED

The warning sounded from time to time regarding the promiscuous use of the sulfonamides in the form of ointments, lotions, powders and other preparations suitable for local application has been emphasized by deletion of the discussion on their local use from the 1947 edition of New and Nonofficial Remedies. Instead, there is the following statement: "Experience gained in World War II seems to indicate that the use of crystalline sulfonamides as topical agents was not very successful in the management of wound infection or in treatment of infections of the skin or mucous membrane. The routine use of sulfonamides as topical applications in wounds, burns and in superficial infections is therefore to be discouraged."

In its recent report[1] the Council on Pharmacy and Chemistry of the American Medical Association reiterates a previous recommendation that the local application of these drugs be limited to the relatively few cutaneous infections known to respond to this form of therapy and that such medication be administered only under the careful supervision of a physician. Before rescinding acceptance of sulfonamides intended for topical therapy, the Council consulted thirty-six physicians representing the leading authorities in several branches of medicine in which sulfonamide therapy might be widely used. The consensus clearly revealed that there was no need for continuing approval of such preparations routinely for topical therapy.

By way of stressing potential hazards of the indiscriminate topical use of the sulfonamides in any concentration, the Council cites three reasons: (1) the substitution of an ineffective remedy for one which might be of value; (2) the possibility, now widely recognized, of permitting the development of sulfonamide resistant organisms; and (3) the development of cutaneous sensitization, thus preventing the use of sulfonamides in serious conditions for which these drugs are known to be effective.

Both the American Dermatological Association and the Section on Dermatology and Syphilology of the American Medical Association have officially condemned the indiscriminate local use of sulfonamides in diseases in which ordinarily less harmful remedies are equally efficacious. It is pertinent also that ophthalmologists have established that routine use of sulfonamide ophthalmic ointment after the removal of foreign bodies from the eye inhibits the growth of epithelium. Many corneal abrasions have been slow to heal or have failed to heal because of the use of this remedy. The ointment and powder are also credited with increasing the scar area in the healing of wounds.

1. J. A. M. A. 135:157-158 (Sept. 27) 1947.

CANCER SEMINAR GREAT SUCCESS

The Cancer Seminar held in Jacksonville on Nov. 12, 13 and 14, 1947, under the auspices of the Tumor Clinic of the Duval County Hospital, the American Cancer Society, Florida Division, and the State Board of Health, was a great success, both from the standpoint of excellence of material presented by the faculty and from that of attendance of the physicians of the Southeastern states. This initial meeting certainly paved the way for future meetings of this nature.

Dr. Everett D. Sugarbaker, Director, Sugarbaker Clinic, Jefferson City, Mo., presented the subjects of cancer of the breast, cancer in lymph nodes and the surgical management of patients with cancer. Dr. Emil Novak, Johns Hopkins Medical School, discussed cancer of the uterus, cervix and ovary. Dr. Samuel F. Marshall, Department of Surgery, Lahey Clinic, talked on cancer of the stomach and the small and large bowel, and of the gallbladder, bile ducts and pancreas. Dr. R. R. Spencer, Director, National Cancer Institute, presented some aspects of cancer research and studies in survival of patients with the disease. Dr. James Elliott Scarborough, Director, Robert Winship Memorial Clinic, Emory University Hospital, discussed the subjects of tumors of the face, lip, salivary gland and oral

cavity and cancer of the nose and sinuses, nasopharynx, pharynx and larynx. Dr. Herbert D. Adams, Department of Thoracic and General Surgery, Lahey Clinic, presented the subject of tumors of the chest, including the lungs, mediastinum, esophagus and cardia of the stomach. Dr. Everett L. Bishop, Professor of Pathology, Emory University, lectured on the pathology of tumors, and malignant tumors of the bone. Dr. Archie L. Dean, Attending Surgeon and Chief, Urological Department, Memorial Hospital for the Treatment of Cancer and Allied Diseases, discussed cancer of the genitourinary tract. Dr. George T. Pack, Chief of Service of Gastric and Mixed Tumors and Attending Surgeon, Memorial Hospital for the Treatment of Cancer and Allied Diseases, presented the subject of melanomas and malignant tumors of the soft tissues. All of these presentations were excellent. The discussion method with the use of lantern slides replaced the usual formal lectures and was of great assistance to the attending physicians in gathering the information and material so presented. These informal lectures were recorded and have been transcribed, but it is hoped that they can be made available to those who are interested in having copies.

The total registration was 637. Representation by states follows: Florida 477; Georgia 109; South Carolina 16; North Carolina 10; Alabama 6; Mississippi 5; Maryland, Massachusetts and Ohio 2 each, and Tennessee, Illinois, New Jersey, Wisconsin, New York, Michigan, Missouri and Louisiana 1 each.

The Tumor Clinic Board of the Duval County Hospital is composed of Dr. Wilbur C. Sumner, Director, Dr. Harry A. Peyton, Consultant, and Drs. Ashbel C. Williams, F. Hardy Bowen, James V. Freeman, Janet G. Leser, Robert H. Nickau, Donald M. Baldwin and Floyd K. Hurt.

Judging from the enthusiasm of the attending physicians, those who helped with the Seminar have little doubt that such a program repeated annually, including other phases of the problem of cancer and other faculty members, would be of vast help in the future in the effort to make the office of the private physician the best cancer clinic in the world.

GRADUATE SHORT COURSE

The Annual Short Course will be held in Jacksonville at the George Washington Hotel commencing on June 28 and extending through July 3, 1948. It is necessary to hold the Short Course at this time because of the meeting in Chicago of the American Medical Association on June 21 through June 25.

The general course will conform closely to the one held last year. New instructors will cover the fields of Medicine, Surgery and Gynecology. Dr. Amos Christie will again lecture on Pediatrics and Dr. R. A. Ross will again be Professor of Obstetrics. There will be no lectures this year on Venereal Diseases. Of the seven lectures planned on Surgery, three will be devoted to Plastic Surgery and will be given by Dr. Neal Owens of New Orleans, whose reputation is well known.

It is planned that a special course for internists and those interested in gastroenterology and parasitology will be presented during the week of the Short Course.

AMERICAN COLLEGE OF SURGEONS SECTIONAL MEETING

The second of six sectional meetings scheuled by the American College of Surgeons for 1948 will be held at the Ansley Hotel in Atlanta on January 26 and 27. Both days the program will begin at 8:30 a.m. with the showing of medical motion pictures. There will be luncheon meetings each day, and a dinner meeting on the first evening will be followed by a symposium on cancer. Panel discussions on scientific subjects, led by internationally known authorities in each field of surgery, will be held each morning and afternoon. Fellows of the College, the medical profession at large and hospital personnel are offered a diversified program designed to be stimulating and helpful to all.

1948 ATLANTA POSTGRADUATE ASSEMBLY

The Fulton County Medical Society of Georgia announces a three day Postgraduate Assembly to be held in Atlanta January 28, 29 and 30, 1948, immediately following the Regional Meeting of the College of Surgeons. Because of the College of Surgeons meeting, surgical subjects will not be emphasized in the Assembly. The pro-

gram has been arranged to help the average doctor keep abreast of the newer developments, but it is believed it will offer something of value to every practitioner of medicine in the Southeast. A nominal registration fee will be charged.

The best assurance of the excellence of the Assembly is the list of distinguished lecturers, which is as follows: Dr. Lester Dragstedt, Professor of Surgery, University of Chicago; Dr. Chester S. Keefer, Professor of Medicine, Boston University; Dr. A. C. Ivy, Professor of Medicine, Northwestern University; Dr. Helen Taussig, Johns Hopkins University; Dr. Julius Lempert, New York City; Dr. Philip S. Hench, Mayo Clinic; Dr. E. von Hamm, Professor of Pathology, University of Ohio; Dr. Ralph M. Tovell, Hartford, Conn.; Dr. Robert Elman, Washington University, St. Louis; Dr. Tom D. Spies, Professor-Elect of Medicine, Northwestern University; and Dr. Merrill C. Sosman, Clinical Professor of Roentgenology, Harvard Medical School.

PUBLIC RELATIONS

"All business is local." That statement appeared on the front cover of the November 8 issue of "Editor and Publisher," spokesman for the newspapers of the nation. It was the catch line of an advertisement by the Bureau of Advertising.

Advertising in its various forms, paid or gratis, is a prime medium in any organized public relations program. If all business is local, it follows that public relations must also be primarily local. Such is particularly true of medical public relations. There is no occupation in which the bond of personal relationship is closer than it is between doctor and patient. The county medical society is the unit of organized medicine which is close to the people of its own community. Its members are their doctors and the doctors of their friends and associates.

Realization of this fact on the part of the medical profession has resulted in the development of active public relations programs by several of the county medical societies. Such projects cannot help but develop improved relations between the profession and the public in the communities in which they are undertaken. In these areas the advocates of compulsory health insurance find less favorable reaction to their picture of a millennium of "free" medical and hospital services.

To assist county societies in starting their public relations program, the Committee on Public Relations of the Association has developed a proposed local plan. This is offered to the various societies solely as a working basis from which their system can be evolved. The Committee is anxious to obtain information on the organization and operation of public relations in the local units. The knowledge and experiences of each can then be made available for the consideration of all other component societies. Eventually a carefully analyzed and well coordinated program which is basically uniform throughout the state can be formulated.

The Committee on Public Relations and the Academy of Public Medicine, through which it disseminates information to the public, are anxious to assist county societies in any manner within their power and current facilities. In addition to the series of radio transcriptions produced by the American Medical Association and available from the Academy office, there are two national network programs available weekly. One is "Doctors Today" and is offered by the National Broadcasting Company to any of its outlet stations. The other is a feature of the Mutual Network and is entitled "Stephen Graham." Usually a request from the local society to the NBC and Mutual stations in your city is sufficient to get these programs on the air locally. Most stations will permit local announcements or health information immediately following these broadcasts. Departing from previous policy, the American Medical Association now permits the two network programs to be commercially sponsored.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Reaves A. Wilson, Sarasota, announce the birth of a daughter on Nov. 7, 1947.

Dr. and Mrs. Hugh A. Carithers, Jacksonville, announce the birth of a son, Hugh A., Jr., on Nov. 20, 1947.

DEATHS—MEMBERS

Dr. Carney W. Mimms, Sr., Ocala.....Nov. 5, 1947
Dr. Gilbert S. Osincup, Orlando .....Nov. 26, 1947

DEATHS—OTHER DOCTORS

Dr. Joel Whitaker, Indianapolis, Ind.....Oct. 14, 1947
Dr. William L. Nutter, West Palm Beach ....Sept. 13, 1947

STATE NEWS ITEMS

The Association's Medical Postgraduate Course Committee contemplates arranging for several series of lectures in graduate education during 1948, one of which will be a lecture on Genitourinary Surgery, to be given by Dr. Robert B. McIver in Jacksonville, Miami, Tampa and St. Petersburg. Other courses will be announced by programs in the February Journal.

Dr. W. W. Bauer, since 1923 the Director of of the Bureau of Health Education of the American Medical Association, is the recipient of the 1947 Elisabeth Severance Prentiss National Award in Health Education. This tribute to his conspicuous contribution in the field of health education was announced on November 17 at the Seventh Anniversary Civic Luncheon of the Cleveland Health Museum, the first such institution in America. Established in 1943 for the purpose of encouraging outstanding work pertaining to health education, the award also serves to honor the memory of the Museum's first foundation benefactor.

The appointment of L. W. Harrell as Associate Director of the Bureau of Professional Relations of the University of Florida's School of Pharmacy has been announced by P. A. Foote, Ph.D., Director. Mr. Harrell plans to visit Florida physicians and pharmacists in the interest of the professional relations program. He is a graduate of the School of Pharmacy of the University of Florida and has served as drug store manager in various parts of the state.

Dr. Wilson T. Sowder, State Health Officer of Jacksonville, is the newly elected president of the Florida Public Health Association. He succeeds Dr. Frank V. Chappell of Tampa, who was re-elected to the Board of Directors.

Dr. Percy L. Dodge has returned to Miami after visiting the Boston City Hospital, the Boston Psychopathic Hospital and the Boston State Hospital.

A special Board of Review appointed by the Association's Board of Governors for the propose of reviewing the present fee schedule of the Florida Medical Service Corporation held its first meeting on October 26 in Jacksonville. Each member of the Board was assigned a special section of the fee schedule for future study. Members of the committee include Drs. Louis M. Orr of Orlando, chairman; M. Crego Smith, Clearwater; Homer L. Pearson, Jr., Miami; Charles B. Mabry, Jacksonville; Jesse N. McLane, Pensacola; J. Maxey Dell, Gainesville: John S. Helms, Tampa.

For nine months the Mother's Milk Bank of Jacksonville, Inc., has been in operation, sponsored by the Pilot Club of Jacksonville. This nonprofit organization is modeled on the largest and oldest milk banks in existence, those of New York and Boston, and although there are some twenty banks, until now none has been nearer this section than Louisville, Ky. The medical advisory board of the Jacksonville bank includes Drs. Luther W. Holloway, E. Frank McCall, Archibald F. Caraway, Jr., Donald M. Baldwin, Lucien Y. Dyrenforth and Hugh A. Carithers.

All milk is collected, sterilized, frozen and packed in deep freeze units at the bank. It is issued only on doctors' prescriptions. Surprisingly good donor response usually makes it possible to maintain a surplus. Out of town purchases are made through the City Board of Health, 962 Main Street.

At the fall meeting of the Florida State Pediatric Association, Dr. Edgar E. Hitchcock presented a paper entitled "Treatment of Erythroblastosis and Considerations of the Rh Factor," and Dr. Elwyn Evans chose for his subject "Diagnosis and Treatment of Congenital Heart Disease." Twenty-seven members and three guests attended the meeting at the Orange Court Hotel in Orlando on October 26, 1947. At the business meeting following the luncheon, encroachment of public health agencies on the private practice of pediatrics was discussed. The officers of this association are: President, Dr. James R. Boulware, Jr., Lakeland; Vice President, Dr. Edgar W. Stephens, Jr., West Palm Beach; and Secretary, Dr. Hugh A. Carithers. Jacksonville.

The National Gastroenterological Association announces its 1948 Annual Cash Prize Award of $100 and a certificate of merit for the best unpublished contribution on Gastroenterology. In

addition, certificates will be awarded those physicians whose contributions are deemed worthy. Contestants must be affiliated with organized medicine, and all entries, which must be received by April 1, 1948, should be sent to the National Gastroenterological Association, 1819 Broadway, New York 23, N. Y.

Dr. Duncan T. McEwan of Orlando spoke recently before members of the Community Woman's Club in Cocoa. His subject was "General Medical Care and Socialized Medicine."

Dr. Burdette Smith has returned to Tampa from Chicago where he attended courses in food allergy.

Dr. Samuel B. Strong has returned from Havana, Cuba, and will open offices in Port St. Joe. He will be associated with Dr. James R. Norton.

The Midwinter Seminar in Otolaryngology and Ophthalmology presented annually by the Graduate School of Medicine of the University of Florida, will be held this year at the Flamingo Hotel in Miami Beach from January 12 through January 17. The lectures in Otolaryngology will be given the first three days and those in Ophthalmology the last three days. The faculty consists of Drs. Lawrence R. Boies, Minneapolis, Louis H. Clerf, Philadelphia, Kenneth M. Day, Pittsburgh, Thomas C. Galloway, Chicago, James H. Maxwell, Ann Harbor, Mich., Arthur W. Proetz, St. Louis, and Harry P. Schenck, Philadelphia, lecturing on Otolaryngology; and Drs. S. Judd Beach, Portland, Me., William L. Benedict, Rochester, Minn.; Daniel B. Kirby, New York, Peter C. Kronfeld, Chicago, and Dohrmann K. Pischel, San Francisco, lecturing on Ophthalmology. On Thursday night, January 15, Dr. Ida Mann of London, England, will address the Seminar.

The first midwinter meeting of the Florida Society of Ophthalmology and Otolaryngology will be held at the Flamingo Hotel in Miami Beach on Sunday, January 11, immediately preceding the Midwinter Seminar in Otolaryngology and Ophthalmology sponsored by the Graduate School of Medicine of the University of Florida. The scientific program will be presented by two distinguished guest speakers. Prof. Ida Mann of London, England, former Professor of Ophthalmology at Oxford University, will speak on "The Pathological Reaction of the Cornea," and Dr. Kenneth M. Day of Pittsburgh, Professor of Otology at the University of Pittsburgh, will discuss "What the Otologist Can Do for the Deafened." This program, scheduled for 8:30 p.m., will be preceded by a dinner at 7 p.m., at which physicians from other states attending the Seminar will be guests.

Dr. M. Lewis Gray of Marianna, formerly of Wilmington, N. C., has been appointed county health officer of the health unit composed of Jackson and Washington counties. Dr. Gray succeeds Dr. Clayton A. Adams, Jr., who has resigned to enter private practice.

Dr. Harry W. Hollingsworth of Sebring is the newly appointed county health officer of the health unit which includes Highlands, Glades and Hendry counties. Dr. Hollingsworth is formerly of Madison Heights, Va.

Dr. Ellsworth H. John of Live Oak, formerly of Hardinsburg, Ky., has been appointed county health officer of the health unit which is composed of Suwannee, Dixie and Lafayette counties.

Dr. Paul H. Jenkins of Ocala, who recently was released from the Army, has assumed duties as county health officer of the Marion County Health Department.

Dr. H. A. Sauberli of Tallahassee is the newly appointed county health officer of the Leon County Health Department. Dr. Sauberli formerly was a member of the Tennessee State Health Department.

Dr. Charles E. Hebard has returned to Miami after attending clinics in Chicago, Toledo, Cleveland and Columbus, Ohio.

Dr. Walter C. Payne of Pensacola is the newly elected chairman of the Florida State Hospital Advisory Council. Mr. L. B. Anderson of Winter Haven is the vice chairman. Other members of the council include Dr. Harrison A. Walker of Miami, Mr. T. R. Smith of Quincy, Mr. Oscar W. Gilbert of St. Petersburg, and Dr. Wilson T. Sowder and Mr. W. E. Arnold of Jacksonville.

The 3rd annual meeting of the Southeastern Allergy Association will be held at the Jefferson Hotel in Richmond, Va., on January 17 and 18.

MEDICAL OFFICERS RETURNED

Dr. Gordon B. Taylor, who entered military service on Jan. 28, 1944, received his discharge on July 13, 1947. His address is 204 Empire Building, St. Petersburg. He held the rank of Major.

Dr. Harry W. Porter, who entered military service on Feb. 19, 1941, received his discharge on Aug. 26, 1947. His address is Veterans Administration, 105 Pryor Street, N. E., Atlanta. He held the rank of Colonel.

ANNUAL CONVENTION

St. Augustine

April 11-14, 1948

Headquarters: Ponce de Leon Hotel

Make your reservations early.

WANTED: Graduate physician. Florida license not required. For further information write Florida State Hospital, P. O. Box 189, Arcadia, Florida.

FOR SALE: Senn examining and treatment table, head rest, heel stirrups, leg holders, $25.00; Universal operating table with stainless steel top, complete with heel stirrups, leg holders, shoulder support and anesthetic screen, $50.00. Write 69-13, P. O. Box 1018, Jacksonville 1, Fla.

WANTED: Association with individual, group or clinic by certified Internist. Write 69-14, P. O. Box 1018, Jacksonville 1, Fla.

MEDICAL DISTRICT MEETINGS, 1947

The four medical district meetings held in October were of unusual interest. Dr. W. Duncan Owens, Chairman of the Council, the eight councilors, secretaries of the host county medical societies, essayists and officers of the Association were untiring in their efforts to make the meetings successful.

There is always good fellowship at these informal meetings. Since the president of the Association is unable to visit every county medical society during the year the medical district meetings afford an opportunity for the entire membership to meet the president and other state officers personally at least once during the year. Many of the members attend the medical district meetings who are unable to attend the annual meeting in April. These meetings play an important role in the life of the Association. It is especially true of the members who live in the smaller communities where it is not possible to attend scientific meetings frequently.

The Northwest Medical District—A is the longest geographically and has the fewest number of members. It is interesting to note that in this district forty-one members, or 23 per cent of the total members in this district were present. The Southwest Medical District—C had 22 per cent attendance, the Northeast Medical District—B had 21 per cent and the Southeast Medical District—D had 8 per cent. Since the D District has the largest membership and a more concentrated medical population, the medical district meeting is not an unusual occasion. These figures definitely indicate the value of medical district meetings for the smaller county medical societies.

The total registration for the four medical district meetings was 420. Of this number, 298 were doctors and 122 were ladies.

Two scientific papers were read at each meeting. These papers were well prepared and of unusual interest. The essayists had the close attention of the audience and the discussions indicated unusual interest in the points emphasized in the papers. Members who were unable to attend the meetings will be pleased to learn that the eight papers were submitted for publication in The Journal.

Dr. Irby H. Black, Secretary of the Madison-Suwannee County Medical Society, presented an invitation to hold the 1948 A District meeting in Live Oak.

Dr. Robert L. Miller, Secretary of the Volusia County Medical Society, invited members of B District to meet next at Daytona Beach.

Dr. Reaves A. Wilson, President of the Sarasota County Medical Society, and Dr. William D. Sugg, representing the Manatee County Medical Society, extended a joint invitation to hold the 1948 C District meeting midway between Bradenton and Sarasota.

Dr. Victor Clarholm, Secretary of the Palm Beach County Medical Society, invited members to hold the next D District meeting in West Palm Beach.

These meeting places are listed in the back of The Journal under Schedule of Meetings. Dates of the meetings will appear in this Schedule when they are set by the new Council after the Association's annual meeting.

NORTHWEST MEDICAL DISTRICT—A
OCTOBER 27—PANAMA CITY

2:30 P.M.

SCIENTIFIC ASSEMBLY

Presiding, W. Duncan Owens, Chairman of the Council. William C. Roberts, Councilor District 1.

C. W. Shackelford, President Bay County Medical Society, welcomed the members and guests.

"Medical and Surgical Treatment of Conditions Involving Sight," Nathan S. Rubin, Pensacola.

(By invitation) "Clinical Use of Streptomycin in Urinary Tract Disease," Linus W. Hewit, Tampa.

A general discussion followed the reading of these interesting papers.

GENERAL ASSEMBLY

Presiding, W. Duncan Owens, Chairman. Irby H. Black, Councilor District 2.

Live Oak at the invitation of the Madison-Suwannee County Medical Society was chosen as the 1948 meeting place for the Northwest Medical District.

The chairman called on the following state officers who responded with short addresses: William C. Thomas, president; Joseph S. Stewart, president-elect; Robert B. Mcver, secretary-treasurer; Walter C. Payne, chairman of the Board of Governors.

Mr. Ernest R. Gibson, Executive Secretary of the Florida Academy of Public Medicine, supplemented Dr. Thomas' discussion on plans of the Association's Public Relations program. Mr. H. A. Schroder, Executive Director of the Florida Medical Service Corporation, spoke briefly following President Thomas' explanation of the Medical Service plan.

Refreshments were served by the host society.

At 6:30 p.m. 55 doctors and guests enjoyed a wonderful dinner. Dr. William C. Roberts was the toastmaster.

The total registration was 56, of which number 30 were Association members (from this district, 24), 11 were visitors and 15 were ladies. State Association officers present were: William C. Thomas, president; Joseph S. Stewart, president-elect; Robert B. McIver, secretary-treasurer; Walter C. Payne, chairman of the Board of Governors; Stewart G. Thompson, managing director; W. Duncan Owens, chairman of the Council; William C. Roberts, councilor district 1; Irby H. Black, councilor district 2.

REGISTRATION

GENERAL SESSION

BLOUNTSTOWN: M. Q. Burns. GAINESVILLE: William C. Thomas. JACKSONVILLE: Albert V. Hardy, Robert B. McIver, Stewart G. Thompson. LIVE OAK: Irby H. Black. MARIANNA: Daniel A. McKinnon, Francis M. Watson, Courtland D. Whitaker. MIAMI: Joseph S. Stewart. MIAMI BEACH: W. Duncan Owens. PANAMA CITY: J. Powell Adams, Chas. T. Barton, Donald S. Fraser, James E. Kerr, M. J. Lingo, Martle F. Parker, William C. Roberts, C. W. Shackelford, Russell T. Stewart.

PENSACOLA: Egbert V. Anderson, John D. Bell, Harry B. Haisfield, John C. McSween, Jr., Walter C. Payne, Nathan S. Rubin, Lee Sharp. QUINCY: Julius C. Davis. TALLAHASSEE: George H. Garmany, Francis T. Holland. TAMPA: Linus W. Hewit.

VISITING DOCTORS—MARIANNA: Alford E. Budde, M. Lewis Gray. PANAMA CITY: Franklin H. Reeder. PENSACOLA: Thurlow W. Reed. TYNDALL FIELD: Capt. R. M. Geist, Col. James G. Moore, Taul Vignos, Jr. DOTHAN, ALA.: John T. Ellis, P. I. Hopkins.

OTHER GUESTS—JACKSONVILLE: Mr. Ernest R. Gibson, Mr. H. A. Schroder.

LADIES—MARIANNA: Mrs. M. Lewis Gray, Mrs. Courtland D. Whitaker. PANAMA CITY: Mrs. Donald S. Fraser, Mrs. M. J. Lingo, Mrs. Martle F. Parker, Mrs. William C. Roberts, Mrs. Russell T. Stewart. PENSACOLA: Mrs. Egbert V. Anderson, Mrs. Lee Sharp. QUINCY: Mrs. Julius C. Davis. TALLAHASSEE: Mrs. George H. Garmany, Mrs. Francis T. Holland. TAMPA: Mrs. Linus W. Hewit. TYNDALL FIELD: Mrs. R. M. Geist, Mrs. James G. Moore.

SOUTHWEST MEDICAL DISTRICT—C
OCTOBER 29—LAKELAND

2:30 P.M.

SCIENTIFIC ASSEMBLY

Presiding, W. Duncan Owens, Chairman of Council. James R. Boulware, Jr., Councilor District 6.

Edgar Watson, President Polk County Medical Society, welcomed the members and guests.

"Endemic Typhus Fever with Reference to

Para-aminobenzoic Acid Treatment," Henry Fuller, Lakeland.

(By invitation) "Modern Management of Colles' and Pott's Fractures." Herbert W. Virgin, Jr., Miami.

A general discussion followed the reading of these interesting papers.

GENERAL SESSION

Presiding, W. Duncan Owens, Chairman. John M. Butcher, Councilor District 5.

Bradenton-Sarasota at the invitation of the Manatee and Sarasota County Medical Societies was chosen as the 1948 meeting place for the Southwest Medical District.

The chairman called on the following state officers who responded with short addresses: William C. Thomas, president; Joseph S. Stewart, president-elect; Robert B. McIver, secretary-treasurer; Walter C. Payne, chairman of the Board of Governors.

Mr. Ernest R. Gibson, Executive Secretary of the Florida Academy of Public Medicine, supplemented Dr. Thomas' discussion on plans of the Association's Public Relations program. Mr. H. A. Schroder, Executive Director of the the Florida Medical Service Corporation, spoke briefly following President Thomas' explanation of the Medical Service plan.

Refreshments were served by the host society.

At 6:30 p.m. 133 doctors and guests enjoyed a wonderful dinner. A guest toastmaster was furnished by the host society.

The total registration was 133 of which number 93 were Association members (from this district, 83), 7 were visitors and 33 were ladies. State Association officers present were: William C. Thomas, president; Joseph S. Stewart, president-elect; Robert B. McIver, secretary-treasurer; Walter C. Payne, chairman of the Board of Governors; Stewart G. Thompson, managing director; W. Duncan Owens, chairman of the Council; James R. Boulware, Jr., councilor district 6; John M. Butcher, councilor district 5.

REGISTRATION

AUBURNDALE: Tbomas G. Simmons. AVON PARK: Isaac W. Chandler. BARTOW: Lamar L. Lancaster. BRADENTON: William D. Sugg, Willett E. Wentzel. CLEARWATER: M. Eldridge Black, Raymond H. Center, M. Crego Smith, Elmer J. Teagarden. FROSTPROOF: Kenneth Dunham. FORT MYERS: William H. Grace. GAINESVILLE: William C. Thomas. INVERNESS: William G. Mason. JACKSONVILLE: Robert B. McIver, Clarence D. Rollins, Wilson T. Sowder, Stewart G. Thompson. LACOOCHEE: William H. Walters, Jr.

LAKELAND: Jere W. Annis, James R. Boulware, Jr., S. Allen Clark, Samuel J. Clark, Henry Fuller, Fred S. Gachet, Marion W. Hester, John M. Kibler, Everett S. King, Charles Larsen, Jr., William P. Logan, T. Hugb Roberts, James T. Shelden, Samuel F. Smith, Wylie L. Tillis, John W. Vaughn, Irving J. Warmolts, Edgar Watson, Herman Watson, Stephen L. Watson, Jr., James R. West, John F. Wilson, Jr. LAKE WALES: Bruce R. Tinkler, Byron Y. Pennington. MIAMI: Josepb S. Stewart, Herbert W. Virgin, Jr. MIAMI BEACH: W. Duncan Owens. MULBERRY: Milo H. Holden. ORLANDO: Duncan T. McEwan, Robert E. Zellner.

PENSACOLA: Walter C. Payne. PLANT CITY: William G. Meriwether. SARASOTA: John M. Butcher, John C. Patterson, Reaves A. Wilson. SEBRING: Howard V. Weems. ST. PETERSBURG: William M. Bevis, Howard H. Curd, Chas. L. Farrington, N. W. Gable, James L. Gouaux, Henry J. Jensen, Whitman C. McConnell, Whitman H. McConnell, Kenneth J. Weiler.

TAMPA: Chadbourne A. Andrews, Collin F. Baker, Jr., Chas. W. Bartlett, William C. Blake, Harold O. Brown, Leffie M. Carlton, Jr., Leland F. Carlton, Frank V. Chappell, Herschel G. Cole, Joshua C. Dickinson, Oren A. Ellingson, James L. Estes, Joseph C. Flynn, James C. Griffin, Jr., Samuel G. Hibbs, Myron L. McEacbern. Eugene B. Maxwell, Frank C. Metzger, Harold G. Nix, Joseph A. Pendino, Edward F. Shaver, Josepb W. Taylor. Mason Trupp, Morris Waisman, Wesley W. Wilson. WILDWOOD: Herbert M. Webb, Jr. WINTER HAVEN: Benjamin T. Bond, William W. Hardman, Robert J. Jahn, Ross H. Mooty, Lee E. Parmley.

VISITING DOCTORS—SEBRING: H. N. Rafferty. ST. PETERSBURG: Roy O. Hawthorne. TAMPA: Harold Carron. WINTER HAVEN: Charles W. Hilliard. STATESVILLE, N. C.: Sam A. Rhyne.

OTHER GUESTS—JACKSONVILLE: Mr. Ernest R. Gibson, Mr. H. A. Schroder.

LADIES—CLEARWATER: Mrs. M. Eldridge Black. Mrs. M. Crego Smith. FORT MYERS: Mrs. Vonceil Brown, Mrs. William H. Grace. LAKELAND: Mrs. James R. Boulware, Jr., Mrs. Sam J. Clark, Mrs. Henry Fuller, Mrs. Marion W. Hester, Mrs. Charles Larsen, Jr., Mrs. William P. Logan, Mrs. James T. Sheldon, Mrs. Edgar Watson, Mrs. Stephen L. Watson, Jr., Mrs. James R. West. LAKE WALES: Mrs. Bruce R. Tinkler. Mrs. Byron Y. Pennington. MULBERRY: Mrs. Milo H. Holden. SARASOTA: Mrs. Reaves A. Wilson. ST. PETERSBURG: Mrs. Howard H. Curd, Mrs. Cbas. L. Farrington, Mrs. Whitman C. McConnell. TAMPA: Mrs. Collin F. Baker, Mrs. Chas. W. Bartlett, Mrs. Harold Carron, Mrs. Herschel G. Cole, Mrs. Oren A. Ellingson, Mrs. James C. Griffin, Jr., Mrs. Eugene B. Maxwell, Mrs. Harold G. Nix, Mrs. Edward F. Shaver. WINTER HAVEN: Mrs. William W. Hardman, Mrs. Robert J. Jahn, Mrs. Lee E. Parmley.

SOUTHEAST MEDICAL DISTRICT—D

OCTOBER 30—FT. PIERCE

2:30 P.M.

SCIENTIFIC ASSEMBLY

Presiding, W. Duncan Owens, Chairman of Council. Adrian M. Sample, Councilor District 7.

Erasmus B. Hardee, President St. Lucie-Okeechobee-Indian River-Martin County Medical Society, welcomed the members and guests.

"Management of Heart Disease," C. Frederic Roche, Miami.

(By invitation) "Typhus Fever; with Report of Seven Simultaneous Cases in Ocala," Henry L. Harrell and Eugene G. Peek. Ocala.

A general discussion followed the reading of these interesting papers.

GENERAL SESSION

Presiding, W. Duncan Owens, Chairman. Russell B. Carson, Councilor District 8.

West Palm Beach at the invitation of the Palm Beach County Medical Society was chosen as the 1948 meeting place for the Southeast Medical District.

The chairman called on the following state officers who responded with short addresses: William C. Thomas, president; Robert B. McIver, secretary-treasurer; Walter C. Payne, chairman of the Board of Governors.

Mr. Ernest R. Gibson, Executive Secretary of the Florida Academy of Public Medicine, supplemented Dr. Thomas' discussion on plans of the Association's Public Relations program. Mr. H. A. Schroder, Executive Director of the Florida Medical Service Corporation, spoke briefly following President Thomas' explanation of the Medical Service plan.

Refreshments were served by the host society.

At 6:30 p.m. 60 doctors and guests enjoyed a wonderful dinner. A guest toastmaster was furnished by the host society.

The total registration was 64 of which 39 were Association members (from this district, 33), 8 were visitors and 17 were ladies. State Association officers present were: William C. Thomas, president; Robert B. McIver, secretary-treasurer; Walter C. Payne, chairman of the Board of Governors; Stewart G. Thompson, managing director; W. Duncan Owens, chairman of the Council; Adrian M. Sample, councilor district 7; Russell B. Carson, councilor district 8.

REGISTRATION

FORT LAUDERDALE: Russell B. Carson, Anna A. Darrow, Burns A. Dobbins, Jr., Robt. L. Elliston, Richard A. Mills, Claus A. Peterson, S. Elliott Wilson. FORT PIERCE: Melton D. Council, Hugh B. Goodwin, Jr., Francis A. Gowdy, Steve R. Johnston, Adrian M. Sample, Jr., Lester L. Whiddon. GAINESVILLE: William C. Thomas. JACKSONVILLE: Robert B. McIver, Wilson T. Sowder, Stewart G. Thompson. KEY WEST: Herman K. Moore.

MIAMI: James L. Anderson, Homer L. Pearson, Jr., C. Frederic Roche, Donald G. Stannus. MIAMI BEACH: W. Duncan Owens, Harold D. Van Schaick. OCALA: Henry L. Harrell. PALM BEACH: Alvin E. Murphy. PENSACOLA: Walter C. Payne. ST. PETERSBURG: Harry R. Deane. STUART: Walter F. Davey. VERO BEACH: William L. Fitts III, John P. Gifford, Erasmus B. Hardee, P. T. McClellan. WEST PALM BEACH: C. Jennings Derrick, Lorenzo James, Jr., Frederick K. Herpel, Lloyd J. Netto, William Y. Sayad, James R. Sory, Vale D. Stone.

VISITING DOCTORS—FELLSMERE: Frank A. Sica. FORT LAUDERDALE: Norris M. Beasley. FORT PIERCE: Henry E. Branca. MIAMI: Frank C. Landers. WEST PALM BEACH: Laurie R. Teasdale. ST. LOUIS, MO.: Frank Erhart.

OTHER GUESTS—JACKSONVILLE: Mr. Ernest R. Gibson, Mr. H. A. Schroder.

LADIES—FORT LAUDERDALE: Mrs. Russell B. Carson, Mrs. Burns A. Dobbins, Mrs. Claus A. Peterson, Mrs. S. Elliott Wilson. FORT PIERCE: Mrs. Henry E. Branca, Mrs. Francis A. Gowdy, Mrs. Steve R. Johnston. GAINESVILLE: Mrs. William C. Thomas. MIAMI: Mrs. James L. Anderson. PALM BEACH: Mrs. Alvin E. Murphy. VERO BEACH: Mrs. W. L. Fitts, Jr., Mrs. William L. Fitts III, Mrs. John P. Gifford, Mrs. P. T. McClellan. WEST PALM BEACH: Mrs. C. Jennings Derrick, Mrs. James R. Sory, Mrs. Laurie R. Teasdale.

NORTHEAST MEDICAL DISTRICT—B

NOVEMBER 1—ST. AUGUSTINE

2:30 P.M.

SCIENTIFIC ASSEMBLY

Presiding, W. Duncan Owens, Chairman of Council. Rabun H. Williams, Councilor District 4.

G. Walter Potter, President St. Johns County Medical Society, welcomed the members and guests.

"Management of Perforating and Penetrating Wounds of the Abdomen," Horace M. Anderson, Jacksonville.

(By invitation) "Cervical Lesions—Diagnosis of Malignant Disease by Vaginal Smear," Lee T. Rector, Tampa.

A general discussion followed the reading of these interesting papers.

GENERAL SESSION

Presiding, W. Duncan Owens, Chairman. Vernon A. Lockwood, Councilor District 3.

Daytona Beach at the invitation of the Volusia County Medical Society was chosen as the 1948 meeting place for the Northeast Medical District.

The chairman called on the following state officers who responded with short addresses: William C. Thomas, president; Joseph S. Stewart, president-elect; Robert B. McIver, secretary-treasurer; Shaler Richardson, editor of The Journal; Walter C. Payne, chairman of the Board of Governors.

The chair recognized Dr. Louis Limbaugh of Jacksonville who spoke shortly on the work of the Tuberculosis and Public Health Committee.

Mr. Ernest R. Gibson, Executive Secretary of the Florida Academy of Public Medicine, supplemented Dr. Richardson's discussion on plans of the Association's Public Relations program. Mr. H. A. Schroder, Executive Director of the Florida Medical Service Corporation, spoke briefly following President Thomas' explanation of the Medical Service plan.

Refreshments were served by the host society.

At 6:30 p.m. 182 doctors and guests enjoyed a wonderful barbecue.

The total registration was 167 of which number 102 were Association members (from this district, 98), 8 were visitors and 57 were ladies. State Association officers present were: William C. Thomas, president; Joseph S. Stewart, president-elect; Robert B. McIver, secretary-treasurer; Shaler Richardson, editor of The Journal; Walter C. Payne, chairman of the Board of Governors; Stewart G. Thompson, managing director; W. Duncan Owens, chairman of the Council; Rabun H. Williams, councilor district 4; Vernon A. Lockwood, councilor, district 3.

REGISTRATION

COCOA: Thomas C. Kenaston, A. F. Thomas. DAYTONA BEACH: Charles R. DeArmas, Harry Hausman, Robert L. Miller, Joseph H. Rutter, Vaughan A. Shaw, Norman E. Williams, L. Roland Young. EUSTIS: Matthew Arnow, Rabun H. Williams. GAINESVILLE: Edwin H. Andrews, J. Maxey Dell, Jr., James M. McClamroch, John E. Maines, Jr., Harry M. Merchant, Walter E. Murphree, George H. Putman, William C. Thomas, I. Irving Weintraub. GRANDIN: James W. Brantley.

JACKSONVILLE: Horace M. Anderson, Donald M. Baldwin, John A. Beals, F. Hardy Bowen, Alan Brown, Samuel M. Day, Jr., Banks H. Goodale, A. Judson Graves, Karl B. Hanson, William G. Harris, B. F. Hodsdon, Luther W. Holloway, Phillip W. Horn, Floyd K. Hurt, Edward Jelks, F. Gordon King, Louie Limbaugh, Thomas H. Lipscomb, James G. Lyerly, E. Frank McCall, William H. McCullagh, Robert B. McIver, Charles B. Mabry, J. Webster Merritt, Ferdinand Richards, Shaler Richardson, Lauren M. Sompayrac, Wilson T. Sowder, Walker Stamps, Wilbur C. Sumner, Max Suter, Edwin C. Swift, Stewart G. Thompson, Frederick J. Waas, Albert H. Wilkinson, Ashbel C. Williams. JACKSONVILLE BEACH: Douglas G. Scott.

LEESBURG: Leroy H. Oetjen, Marion B. O'Kelley. MELBOURNE: Isaac M. Hay, Theodore J. Kaminski. MIAMI: Joseph S. Stewart. MIAMI BEACH: W. Duncan Owens. NEW SMYRNA BEACH: William C. Chowning, J. A. Smith, Jr. OCALA: Bertrand F. Drake, Eaton G. Lindner, Carl S. Lytle, Ralph E. Russell, William J. McGovern. ORLANDO: Mitchell M. Andrews, Russell V. Douglas, James G. Economon, Elwyn Evans, Benjamin Glaser, David Y. Hicks, Jr., Joseph L. Hundley, Garrett Jackson, Allan Jones, Duncan T. McEwan, Frank J. Pyle, Philip F. Simensky, W. Dean Steward, A. Fred Turner, Jr. PALATKA: Grover C. Collins, Allen P. Gurganious.

PENSACOLA: Walter C. Payne. SANFORD: Thomas F. McDaniel, Harry Z. Silsby. ST. AUGUSTINE: Reddin Britt, S. Raymond Cafaro, Eugene T. Foy, Charles C. Grace, Vernon A. Lockwood, Edward S. Miller, Hardgrove S. Norris, G. Walter Potter, Donald T. Rankin, Joseph A. Shelley, J. J. Spencer, Herbert E. White. TAMPA: Lee T. Rector.

VISITING DOCTORS—JACKSONVILLE: Malcolm J. Ford, Vernon T. Grizzard, T. Paul Haney, Alpheus T. Kennedy. ST. AUGUSTINE: Newell J. Griffith. NEW ORLEANS: Walter G. Holloman.

OTHER GUESTS—JACKSONVILLE: Mr. Ernest R. Gibson, Mr. H. A. Schroder.

LADIES—DAYTONA BEACH: Mrs. Charles R. DeArmas, Mrs. Vaughan A. Shaw, Mrs. Norman E. Williams, Mrs. L. Roland Young. GAINESVILLE: Mrs. Edwin H. Andrews, Mrs. J. Maxey Dell, Jr., Mrs. John E. Maines, Jr., Mrs. Harry M. Merchant, Mrs. Walter E. Murphree, Mrs. George H. Putnam, Mrs. William C. Thomas, Mrs. I. Irving Weintraub. GRANDIN: Mrs. James W. Brantley.

JACKSONVILLE: Mrs. Horace M. Anderson, Mrs. F. Hardy Bowen, Mrs. Alan Brown, Mrs. Banks H. Goodale, Mrs. A. Judson Graves, Mrs. William G. Harris, Mrs. Phillip W. Horn, Mrs. Floyd K. Hurt, Mrs. Edward Jelks, Mrs. Alpheus T. Kennedy, Mrs. F. Gordon King, Mrs. J. Webster Merritt, Mrs. Ferdinand Richards, Mrs. Lauren M. Sompayrac, Mrs. Walker Stamps, Mrs. Wilbur C. Sumner, Mrs. Max Suter, Mrs. Edwin C. Swift, Mrs. Ashbel C. Williams. LEESBURG: Mrs. Leroy H. Oetjen, Mrs. Marion B. O'Kelley.

NEW SMYRNA BEACH: Mrs. William C. Chowning. OCALA: Bertrand F. Drake, Mrs. Eaton G. Lindner, Mrs. William J. McGovern. ORLANDO: Mrs. Benjamin Glaser, Mrs. David Y. Hicks, Jr., Mrs. Rose Kane, Mrs. Frank J. Pyle. PALATKA: Mrs. Grover C. Collins, Mrs. Allen P. Gurganious. SANFORD: Mrs. Thomas F. McDaniel, Mrs. Harry Z. Silsby. ST. AUGUSTINE: Mrs. Reddin Britt, Mrs. S. Raymond Cafaro, Mrs. Eugene T. Foy, Mrs. Charles C. Grace, Mrs. Newell J. Griffith, Mrs. Vernon A. Lockwood, Mrs. Edward S. Miller, Mrs. Hardgrove S. Norris, Mrs. G. Walter Potter, Mrs. Donald T. Rankin, Mrs. Joseph A. Shelley.

COMPONENT SOCIETY NOTES

BAY

Members of the Bay County Medical Society held their November meeting at Tyndall Field as the guests of the Base Surgeon and his Staff. "Spinal Anesthesia in Obstetrics" was discussed by Capt. Flynn. "The Effect of the Atomic Bomb on Human Life" was the subject of the paper presented by Col. Moore. A motion picture, entitled "Operations Crossroads," was shown.

DADE

At the October meeting of the Dade County Medical Association, a "Panel and Seminar on Estrogen Therapy" was held. The speakers included: Dr. R. Spencer Howell, "Physiologic and Pharmacologic Basis for the Use of Estrogen;" Dr. Richard F. Stover, "Use of Estrogen in Puberty and in Faulty Development;" Dr. J. Randolph Perdue, "Use of Estrogen in the Child Bearing Age;" Dr. Reuben B. Chrisman, Jr., "Estrogen in Pregnancy;" Dr. Scheffel H. Wright, "Estrogen in the Period of Involution." Dr. Franz H. Stewart was program chairman. The regular business meeting was conducted by Dr. Warren W. Quillian, president.

On October 25 the society's annual stag party was held at Gulfstream Park. Drs. John D. Milton and Frank W. Hewlett were co-chairmen.

DUVAL

At the November meeting of the Duval County Medical Society the amendment to the State Association's Constitution which provides that

the election of officers be held in the House of Delegates was ratified.

Dr. John F. Lovejoy, chairman of the Scientific Program, introduced the guest speaker, Dr. J. Hiram Kite, who chose as his subject, "Errors in Diagnosis and Management of Orthopedic Conditions before the Patient Reaches the Orthopedist." The topic was illustrated by lantern slides. Other subjects included osteomyelitis fractures, dislocations and deformities. Discussions and comments were made by Drs. Frank L. Fort, John F. Lovejoy, Paul H. Martin and Charles B. Mabry.

HILLSBOROUGH

Dr. Willard H. Parsons, Chief Surgeon of the Vicksburg Clinic, Vicksburg, Miss., presented a paper on "The Essential Clinical Considerations of Carcinoma of the Rectum" at the November meeting of the Hillsborough County Medical Society.

PASCO-HERNANDO-CITRUS

At the November meeting of the Pasco-Hernando-Citrus County Medical Society which was held at the Magnolia Lodge in Crystal River the histories of three cases were presented. Dr. S. Carnes Harvard briefly exhibited the case of a male, aged 26, suffering from carcinoma of the rectum. Dr. William H. Walters, Jr., presented a case history of necropsy findings of generalized carcinomatosis. A case history of a male, aged 18, suffering from an intra-abdominal abscess was presented by Dr. W. Wardlaw Jones. Dr. William B. Moon entertained the following members at a turkey dinner: Drs. John T. Bradshaw, Donald G. Bradshaw, George R. Creekmore, S. Carnes Harvard, W. Wardlaw Jones, Jere W. Kirkpatrick, William G. Mason, William H. Walters, Jr.

MANATEE-SARASOTA

Dr. Mason Trupp of Tampa read a paper on "Treatment of Head Injuries" at the November meeting of the Sarasota and Manatee County Medical Societies which was held at the Sarasota Bay Country Club.

MARION

Members of the Marion County Medical Society held their annual supper at the Magnolia Lodge on the Crystal River in lieu of the regular November business meeting. Members who attended were Drs. Hugh H. Barfield, K. R. Cammack, T. Hartley Davis, Bertrand F. Drake. William H. Garvin, Jr., Carl S. Lytle, John N. Moore, William J. McGovern, Eugene G. Peek, E. Laurence Scott, James L. Strange, Thos. H. Wallis and Herbert M. Webb, Jr. Dr. William B. Moon of Crystal River, a member of Pasco-Hernando-Citrus Society, and wives of the Marion Society members were guests.

PINELLAS

The resignation of Dr. Francis H. Langley, president-elect of the society, as a member of the Board of Censors was accepted. Dr. Elmer B. Campbell was elected to fill Dr. Langley's unexpired term.

Four physicians elected to membership include Drs. Virgil C. Daniels, Jr., Woodrow B. Estes, Ruth W. Kope, and Abraham J. Gorday. Dr. M. Eldridge Black, president, appointed Drs. John T. Bowen and Whitman H. McConnell to serve as news reporters for The Journal.

Dr. Franklin L. Price presented a paper on "Effects Resulting from Atomic Bomb Explosion." Dr. Langley presided at the scientific session.

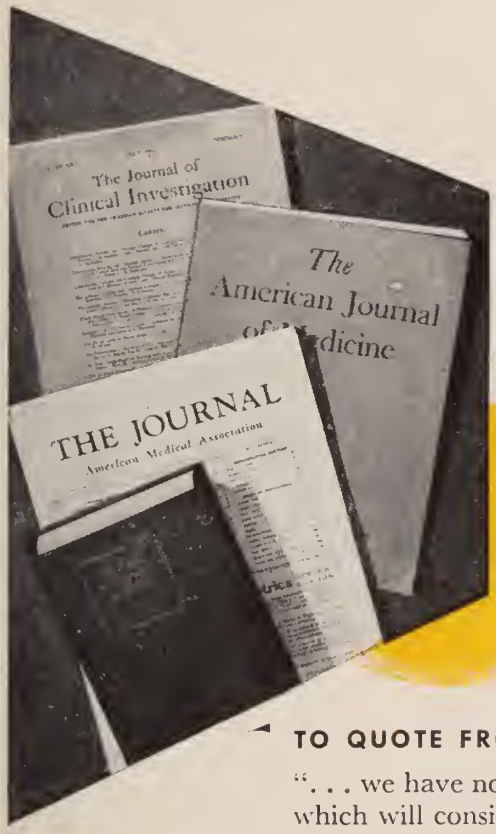
SEMINOLE

At the November meeting of the Seminole County Medical Society, Mr. Joseph E. Brewster explained the details of the Blue Cross and Blue Shield plans. Dr. Elwyn Evans of Orlando presented a paper on "Diagnosis and Treatment of Congenital Heart Disease."

WARREN AUGUSTINE BREWSTER

After an illness of several months, Dr. Warren A. Brewster of Callahan died on Oct. 13, 1947 at the Nassau County Hospital in Fernandina. He was 73 years of age.

A native of Philadelphia, Dr. Brewster at an early age moved to Georgia where he received his preliminary education at Darien and Brunswick. In 1900 he was graduated from the University of



Increasing recommendation for **gold therapy** in active rheumatoid arthritis

TO QUOTE FROM RECENT AUTHORITATIVE SOURCES:

". . . we have not found any therapy other than gold therapy which will consistently and in a high percentage of cases change the course of the disease."[1]

"Gold therapy at present seems to be the only drug which shows promise of checking the activity of rheumatoid arthritis; . . . ."[2]

REDUCED TOXICITY

"The high incidence of reactions attributable to the formerly employed larger doses . . . has been largely obviated by the use of more conservative doses."[3] Moreover, "therapeutic results are quite as good with smaller doses...."[4]

ACCEPTED Council on Pharmacy and Chemistry American Medical Association

GOLD SODIUM THIOSULFATE

with SODIUM THIOSULFATE and BENZYL ALCOHOL 2% (Searle)

Supplied in 5 cc. (50 mg.) serum type ampuls; packages of 6, 25 and 100

CAUTION

Gold Sodium Thiosulfate must be used with extreme caution, especially in the presence of tuberculosis and diseases of the liver and kidneys.

1. *Combined Staff Clinics of the College of Physicians and Surgeons, Columbia University: Am. J. Med. 1:675 (Dec.) 1946.*
2. *Comroe, B. I.: J.A.M.A. 128:848 (July 21) 1945.*
3. *Council of Pharmacy and Chemistry: New and Nonofficial Remedies, 1947, Philadelphia, J. B. Lippincott Company, 1947, p. 477.*
4. *Freyberg, R. H.; Block, W. D., and Levy, S.: J. Clin. Investigation 20:401 (July) 1941.*

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

Georgia School of Medicine. Five years later he came to Florida to practice medicine in Crescent City. In 1911 he moved to Callahan, where he practiced until his recent illness.

Dr. Brewster was a member of the Nassau County Medical Society, the Florida Medical Association and the American Medical Association. He also was associated with St. Peter's Episcopal Church and Lodge 22, F. and A. M.

Survivors include his widow, Mrs. Nella Brewster and four daughters, Mrs. C. Naber of Jacksonville, Mrs. Herbert Fanus of Daytona Beach, Miss Adina Brewster of Callahan and Mrs. Marshall Brainard of San Jacinto, Calif.

CARNEY WILSON MIMMS, SR.

Dr. Carney W. Mimms, Sr., of Ocala died suddenly on Wednesday, Nov. 5, 1947 in Munroe Memorial Hospital. Dr. Mimms had been hospitalized only two days before his death. He was 57 years of age. Funeral services and interment took place in Trenton, Ky., his birthplace.

Dr. Mimms was born on Oct. 18, 1890. He attended the University of Kentucky and in 1914 was graduated in medicine from the University of Louisville School of Medicine. After serving an internship in the Louisville City Hospital, he was resident surgeon in the New Orleans Eye and Ear Infirmary for two years. He later completed postgraduate work at Tulane University, Gills Clinic, New Orleans Eye, Ear, Nose and Throat Hospital, the Mississippi Eye and Ear Infirmary and institutions in New York City.

After locating first in Virginia, he later practiced for some years in Winston-Salem, N. C. In 1935, he took up residence in Ocala and had practiced there for twelve years at the time of his death. His practice was confined to ophthalmology and otolaryngology.

Dr. Mimms was a member of the American Medical Association, the Florida Medical Association, the Marion County Medical Society and the Florida Society of Ophthalmology and Otolaryngology. He held membership in the Elks Club and the Rotary Club and was affiliated with the First Methodist Church in Ocala.

Survivors include his widow, Mrs. Adela McClure Mimms; two sons, Dr. John McClure Mimms of New York City and Carney Wilson Mimms, Jr., city attorney of Dallas, Texas; and his mother, Mrs. Beuna Wilson Mimms of Ocala.

HAROLD EUGENE WELLER

Dr. Harold E. Weller of St. Petersburg died on Oct. 3, 1947 following a heart attack. He was 56 years of age.

Dr. Weller was born in 1891 in Belle Vernon, Pa. He was graduated from Wooster University in 1912 and from the University of Pittsburgh School of Medicine in 1916. After serving an internship in Mercy Hospital in Pittsburgh from 1916 to 1919, he began the practice of medicine in Monongahela, Pa. For ten years he served as Chief of Surgery at the city hospital there. He had practiced in St. Petersburg since 1937. At the time of his death he was a member of the staff of St. Anthony's and Mound Park hospitals.

Dr. Weller was a member of the Pinellas County Medical Society, the Florida Medical Association, the American Medical Association and the American Heart Association. He also held membership in the F. and A. M. Lodge in Pittsburgh, the Shrine, Syria Temple, Scottish Rite, Gourgas Lodge, Pittsburgh Chapter of the Princess of Jerusalem, Rose Croix and the Pennsylvania Consistory.

Survivors include his widow, Mrs. Ellen Starr Weller; two sons, Harold E. Weller, Jr., of Washington, D. C., and Robert L. Weller of Mercersburg, Pa.; a daughter, Mrs. Walter Thack of Washington, D. C.; a step-daughter, Miss Betty Richardson of Connecticut; and three brothers, Carl Weller of Buffalo, N. Y, Jay Weller of Akron, Ohio, and Max Weller, living in Hawaii.

WOMAN'S AUXILIARY
TO THE
FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. L. M. JENKINS, President.....*Miami*

MRS. L. E. PARMLEY, President-elect.....*Winter Haven*

MRS. C. F. HENLEY, Vice Pres.....*Jacksonville*

MRS. C. D. ROLLINS, Secy.-Treas.....*Jacksonville*

MRS. W. L. TILLIS, Corresponding Secy.....*Lakeland*

MRS. P. J. MANSON, Historian.....*Miami*

MRS. R. G. LEWIS, Parliamentarian.....*West Palm Beach*

Announcement!

We wish to announce that the name of the SURGICAL SUPPLY CO. is now changed to ANDERSON SURGICAL SUPPLY CO. There has been no change in policy, no change in ownership, no change in personnel. We will continue to strive to give the same service that has made our tremendous growth in the past 31 years possible.

The officers of the company are:

T. EMMETT ANDERSON, President
FRANK E. COOPER, JR., Vice-President
J. BEATY WILLIAMS, Vice-President
T. EMMETT ANDERSON, JR., Secretary



Anderson Surgical Supply Co.

Telephone 5-3026
40-42 W. DUVAL STREET
P. O. Box 1799
JACKSONVILLE 1, FLORIDA

Telephone M 8504
1101-1105 TAMPA STREET
P. O. Box 12
TAMPA 1, FLORIDA

Telephone 7-4589
21 3rd STREET N.
ST. PETERSBURG, FLORIDA

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

. . . Reservations Necessary, Elevation 1,200 Feet

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.
Willis T. McCurdy, M.D., Attending Physician
J. Rufus Evans, M.D., Attending Physician
Elizabeth Hancock, Psycho-Therapist
Eighty-five Consulting Physicians

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

We do not treat acute alcoholic intoxication or narcotic addiction



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addition
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

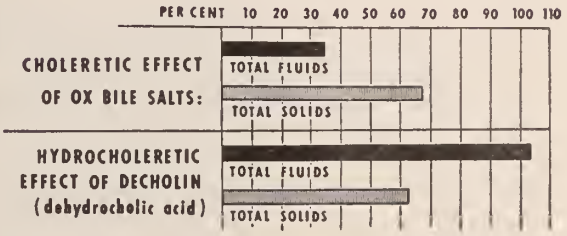
J. K. ATTWOOD, Pharmacist

Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS **TEST SOLUTIONS**
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

DECHOLIN HYDROCHOLERESIS Encourages Biliary Tract Drainage



● **Percentage Increase in Composition and Quantity of Bile Flow**

Ivy, A. C., et al: Am. J. Dig. Dis. 7:333 (Aug.) 1940.

HYDROCHOLERESIS—

an increased production of thin liver bile—is a desirable approach to therapy of non-obstructive biliary tract disturbances.

DECHOLIN—

by producing an increased flow of bile—washes stagnant, infected bile from the intrahepatic and extrahepatic biliary passages, removing pus-laden material and discouraging the ascent of infection.

HOW SUPPLIED:

Decholin in 3¾ *gr. tablets. Packages of* 25, 100, 500 *and* 1000.

Decholin
BRAND · REG. U. S. PAT. OFF.
(DEHYDROCHOLIC ACID)

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

AMES COMPANY, INC.
ELKHART, INDIANA

Streptomycin Experience Pointed The Way To This New, Improved Merck Form

IT PROVIDES

(1) increased purity

(2) minimum pain on injection

(3) uniformly high potency

Now available for Streptomycin therapy is this new form—Streptomycin Merck (Calcium Chloride Complex). Developed in The Merck Research Laboratories, where pioneer work on this valuable antibacterial agent was conducted, the new, improved form of Streptomycin is recommended as an adjunct in the treatment of certain types of urinary tract infection, selected cases of tuberculosis, and other infections due to susceptible strains of gram-negative organisms.

Ask for the New
DATA CHART

This new quick-reference chart gives essential data on the clinical uses, storage, preparation of solutions, administration, and dosage of Streptomycin Merck (Calcium Chloride Complex). It will be mailed to you on request. Write to Merck & Co., Inc., Rahway, N. J.

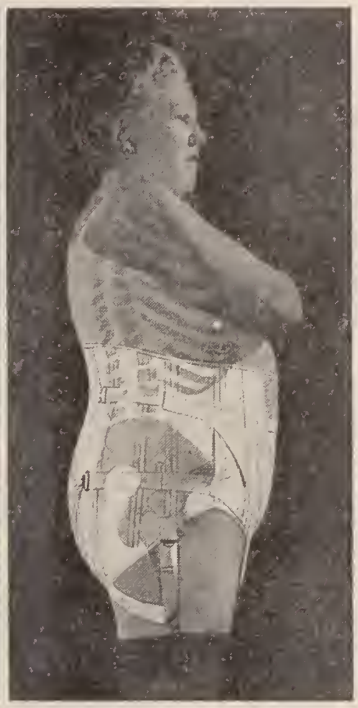


EXCELLENT SUPPORT for the

PENDULOUS ABDOMEN



Patient with pendulous abdomen (skeleton indrawn).



Same patient after application of support (skeleton indrawn).

CAMP

Clinicians are calling attention to the ill effects of the pendulous abdomen more frequently than formerly.

Research discloses that the increased weight of the abdomen, carrying the center of gravity forward, puts strain on muscles of back and feet; that ultimately round shoulders and increased cervical and lumbar curves develop; that the diaphragm and abdominal viscera lie on a lower plane than normally; that eventually respiratory and circulatory symptoms appear.

S. H. Camp & Company, recognizing this proportionate irregularity and the frequency of its occurrence, has made supports for many years for these obese persons and for those in whom the obesity is largely confined to the abdomen.

Camp surgical fitters are taught to fit patients with pendulous abdomen in the reclining position; thus the intestines are redistributed to the sides and back of the abdomen and the support will hold them there.

The Camp Support illustrated is especially efficient in holding the viscera in their redistributed position by reason of the support given to the pelvis.

S. H. CAMP AND COMPANY • JACKSON, MICHIGAN

World's Largest Manufacturers of Scientific Supports

Offices in New York • Chicago • Windsor, Ontario • London, England

WALKER

COUNCIL-ACCEPTED VITAMIN DROPS



Potent, convenient, flexible dosage form
Designated for use in pediatrics and geriatrics

VITAMIN C DROPS

Each drop supplies 5 mg. of vitamin C

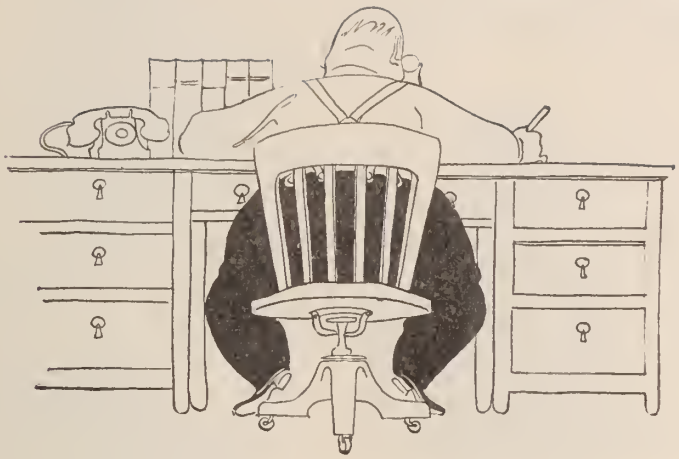
Supplied in dropper bottles of 15 cc.

CONCENTRATED OLEO VITAMIN A-D DROPS

Each drop supplies 2,000 units vitamin A, 333 units vitamin D

Supplied in dropper bottles of 15 cc. and 60 cc.

Walker VITAMIN PRODUCTS, INC., MOUNT VERNON, N. Y.



PICTURE OF how B. J. Bender became a nutritive failure....

Bender is but one of the great American army of chair-warmers, shining examples of the need for two-pants suits. Exercise? They lie down until the thought of it passes. Appetite? They seek the bizarre in food to goad their tired taste buds. Result? In too many cases, sub-clinical vitamin deficiency—a condition in which the sedentary worker has a host of companions in nutritional crime: the food faddists, chronic dieters, excessive smokers, alcoholics and many others. Dietary reform is the physician's first thought, of course—vitamin supplementation usually the second. And the vitamin preparation specified very often carries the "Abbott" name. There is a wide variety of vitamin preparations available in the complete Abbott line . . . for oral and parenteral use . . . for almost any patient's needs, age or taste. If you are not already familiar with Abbott's dependable vitamin products, they are worth your investigation—and trial. Abbott Laboratories, North Chicago, Illinois

SPECIFY

Abbott Vitamin Products

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS

$14,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

Cook County Graduate School of Medicine

SURGERY—Intensive Course in Surgical Technique, Two Weeks, starting January 19, February 16, March 15.
Surgical Technique, Surgical Anatomy & Clinical Surgery, Four Weeks, starting February 2, March 1, March 29.
Surgical Anatomy & Clinical Surgery, Two Weeks, starting February 16, March 15.
Surgery of Colon & Rectum, One Week, starting March 8, April 26.
Surgical Pathology every Two Weeks.
FRACTURES & TRAUMATIC SURGERY—Intensive Course, Two Weeks, starting June 7.
GYNECOLOGY—Intensive Course, Two Weeks, starting February 23, March 29.
Personal Course in Vaginal Surgery starting February 16, March 22.
OBSTETRICS—Intensive Course, Two Weeks, starting March 15, April 12.
MEDICINE—Intensive Course, Two Weeks, starting April 26.
Personal Course in Gastroscopy, Two Weeks, starting March 29, April 19.
Electrocardiography & Heart Disease, Four Weeks, starting February 16, May 3.
CYSTOSCOPY—Ten Day Course starting January 5, January 19, February 2.
DERMATOLOGY—Formal Course, Two Weeks, starting April 26.
Clinical Course every Two Weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)



"B. Spacious Grounds of Miami Medical Center. Chateau in Background.

Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.





comprehensive protection with a **SINGLE INJECTION**

The use of Diphtheria and Tetanus Toxoids, Alum Precipitated, and Pertussis Vaccine Combined, has largely replaced the practice of repeated injections for immunization against specific infections. These combined antigens produce an immune titer equal to or greater than that effected by the antigen injected individually. The *simultaneous triple defense* provided by this comprehensive treatment greatly reduces the incidence of contagion in a community and makes possible a reduction of infant mortality rate.

Recommended for infants and pre-school age children, immunization consists of three 0.5 cc. subcutaneous injections at intervals of from four to six weeks.

Antigenic content of *H. pertussis* increased to 45,000 million organisms per immunizing treatment.

SUPPLIED:

Single Immunization package contains three ½ cc. Vials
Five Immunizations package contains three 2½ cc. Vials.

THE NATIONAL DRUG COMPANY
Philadelphia 44, Pa.

PHARMACEUTICALS, BIOLOGICALS, BIOCHEMICALS FOR THE MEDICAL PROFESSION

DIPHTHERIA and TETANUS TOXOIDS, ALUM PRECIPITATED, and PERTUSSIS VACCINE COMBINED

The Brown Schools
INC.

FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

* Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

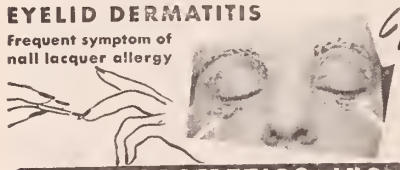
Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

MIAMI RETREAT SANATORIUM
FOUNDED 1927
For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites
79TH STREET AT MIAMI AVENUE
MIAMI 38, FLORIDA
Phone 7-1824

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY
℞ AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.



HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the American Psychiatric Association

The EDGEWOOD . . .



A Distinctive Southern Sanitarium Fully Equipped for Complete Diagnosis and Treatment of Nervous and Mental Disorders . . . in An Atmosphere of Congenial Friendliness and Quiet Charm.

The Edgewood offers all approved therapeutic aids; complete bath departments; supervised individual physical rehabilitation programs. Living accommodations are private and comfortable. Recreational facilities excellent. Full time psychiatrists and adequate nurses and psychiatric aides assure individual care and treatment. More detailed information on request.

Psychiatrist-In-Charge ORIN R. YOST, M.D.

AIKEN The EDGEWOOD SOUTH CAROLINA

IT IS GOOD PRACTICE

. . . in judging the irritant properties of cigarette smoke . . . to base your evaluation on scientific research. In judging *research,* you *must* consider its *source**.

PHILIP MORRIS claims of superiority are based *not* on anonymous studies, but on research conducted only by competent and reliable authorities, research reported in leading journals in the medical field.

Clinical as well as laboratory tests have shown PHILIP MORRIS to be definitely and measurably less irritating to the sensitive tissues of the nose and throat. May we send you reprints of the studies?



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.,
119 FIFTH AVENUE, N. Y.

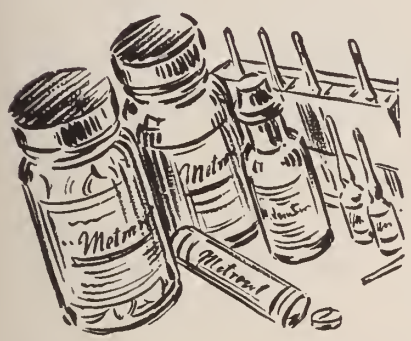
*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Metrazol - *Powerful, Quick Acting Central Stimulant*

COUNCIL ACCEPTED

ORALLY - for respiratory and circulatory support
BY INJECTION - for resuscitation in the emergency



INJECT 1 to 3 cc. Metrazol as a restorative in circulatory and respiratory failure, in barbiturate or morphine poisoning and in asphyxia. PRESCRIBE 1 to 3 tablets or 15 to 45 minims oral solution, as a sustaining agent in pneumonia and congestive heart failure.

AMPULES - 1 and 3 cc. (each cc. contains 1½ grains.)
TABLETS - 1½ grains.
ORAL SOLUTION - (10% aqueous solution.)

Metrazol, brand of pentamethylentetrazol, Trade Mark reg. U. S. Pat. Off.

Bilhuber-Knoll Corp. Orange, N. J.

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
da Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 1948
da Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Live Oak, 1948
Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	Daytona Beach, 1948
Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Bradenton-Sarasota, 1948
Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	West Palm Beach, 1948
rican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Chicago, June 21-25, 1948
hern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
ama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Mobile, Apr. 15, 16, 17, 1948
gia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Atlanta, Apr. 27-30, 1948
da—			
ademy of Medicine	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
ction, Am. College Phys.	William C. Blake, Tampa	Scheffel H. Wright, Miami	
sic Science Exam. Board	Paul A. Vestal, Winter Park	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 23-June 5, '48
ntal Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
rm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
alth Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
spital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
spital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
dustrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
edical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, June 29-30, 1948
edical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 28 -July 3, '48
edical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	St. Augustine
urology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
rses Association, State	Miss Elizabeth Reed, Jacksonville	Helen Shearston, Miami	West Palm Beach, Fall, 1948
hthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
thological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
diatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
armaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
blic Health Association	Wilson T. Sowder, Jacksonville	Mr. Fred B. Ragland, Jacksonville	Panama City, Oct. 7-9, 1948
diological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
berculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
an's Auxiliary	Mrs. L. M. Jenkins, Miami	Mrs. C. D. Rollins, Jacksonville	St. Augustine, 1948
Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
eastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Hollywood, Apr. 5-8, 1948



AO DIAGNOSTIC SETS

. . . . . PRECISION that aids in making ACCURATE diagnosis

AO Diagnostic Instruments have been designed and developed to lend the greatest possible assistance in various medical examinations. Technically precise down to the smallest thumb screw, every instrument broadens the examination field . . . provides clearer vision, greater detail. As a result, symptoms can be spotted more easily, and diagnoses made more accurately. There is an AO Diagnostic Instrument Set to answer your specific requirements.

Ask your AO Field Representative or contact your nearest AO Branch.

American Optical COMPANY

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890
For the treatment of
NERVOUS AND MENTAL DISEASES
Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful
E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing



From where I sit *by* Joe Marsh

Only Way to "Handle" Poison Ivy

Every now and then, Doc Hollister gets a serious case of poison ivy—like the time Ma Hoskins couldn't play the organ—and I run a notice in the paper, suggesting folks check up on their places for signs of the weed.

That's all that's necessary. Everybody makes a careful check, and usually it's just a single patch that needs uprooting. Because vigilance keeps poison ivy down, just the same way it controls everything else.

Take our Better Business Bureau . . . or the Brewers' Program of "Self Regulation." The Brewers are anxious to keep undesirables out of the "field," so they keep a constant check on taverns selling beer. If they see any signs of "poison ivy," the offending tavern gets cleaned up . . . or reported to law enforcement agencies.

Naturally, the tavern keepers are anxious to co-operate. And as a result any "poison ivy" is a rare exception. Because, as I say, vigilance is a mighty effective control.

Joe Marsh

Copyright, 1947, United States Brewers Foundation



NEW YORK ACADEMY OF 2
MEDICINE
2 E 103RD ST
NEW YORK N Y 29

FEB 11 1948

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV FEBRUARY, 1948 No. 8

IN THIS ISSUE

Allergic Evaluation
Nelson Zivitz

Paralysis Serratus Anterior Muscle
A. W. Diddle

Finding Tuberculosis in Florida
Clarence M. Sharp

Doctor and Patient
Blue Shield
Editorials

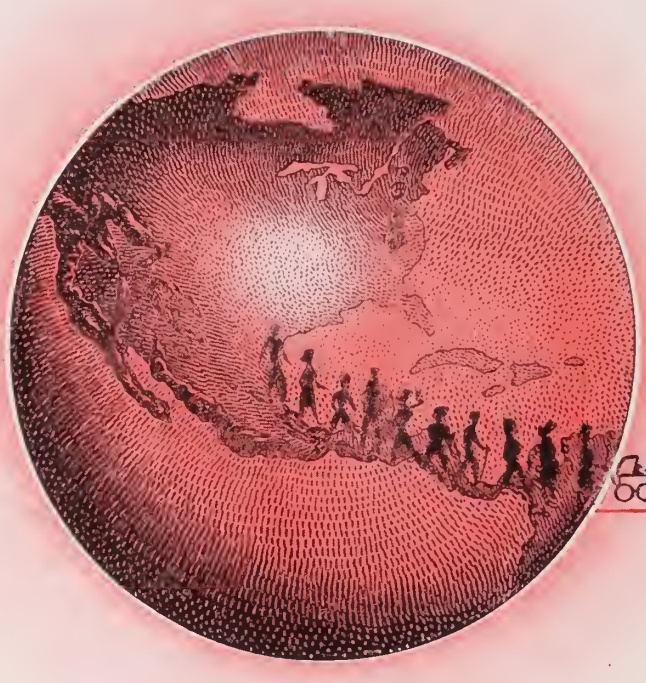
From Our President

(Complete Table of Contents on Page 436)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

ANNUAL CONVENTION, ST. AUGUSTINE, APRIL 11-14

Several Million Americans



are probably

affected by

riboflavin



deficiency

and not a

few of them

are in the

highest stratum

*of society**

This rather startling statement comes from recognized authorities in the vitamin field. There is no doubt of its validity, since it is based upon competent investigators' prolonged observation of all types of patients, including detailed study of their diets.

It seems that a great part of our population has not learned *what* and *how* to eat in spite of the extensive educational efforts of the medical profession. The "sandwich and pie diet," the "quick lunch" and overindulgence in refined carbohydrates not only fail to contribute riboflavin and other B complex vitamins, but also increase the need for these accessory factors.

Where such dietary habits are firmly entrenched and cannot or will not be changed, the realities of the situation necessitate vitamin supplementation for protection.

Parke-Davis VITAMINS

For more than thirty-one years Parke-Davis has pioneered in the discovery, standardization and development of vitamin products. From among the many Parke-Davis vitamin preparations—supplementary and therapeutic—one or more can be readily chosen to fit every patient's need.

°Spies, T. D., and Butt, H. R., in Duncan, G. G.: Diseases of Metabolism, W. B. Saunders Co., Phila., 1942, p. 453.

PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

MEDICAMENTA VERA • P & CO.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

Volume XXXIV . . **FEBRUARY, 1948** **No. 8**

CONTENTS

SCIENTIFIC ARTICLES

The Importance of Predisposing and Contributory Factors in an Allergic Evaluation, Nelson Zivitz, M.D. 447
Paralysis of the Serratus Anterior Muscle with a Winged Scapula during the Puerperium, A. W. Diddle, M.D. 450
Finding Tuberculosis in Florida, Clarence M. Sharp, M.D. 452

ABSTRACTS OF MEDICAL ARTICLES

A Clinical Study of the Therapeutic Effect of a Special Pepsin-Pancreatic Preparation on Primary and Secondary Gastrointestinal Dysfunctions: Preliminary Report, Thomas H. McGavack, M.D., and Solomon D. Klotz, M.D. 455
Some Commonly Unrecognized Diseases of the Nasopharynx; Results of Studies of 140 Autopsy Specimens, A. R. Hollender, M.D. 455
Sarcoidosis Simulating Glomerulonephritis, Harry F. Klinefelter, Jr., Major, M. C., A. U. S., and S. Marion Salley, Lt. Col., M. C., A. U. S. 455

EDITORIALS

Doctor and Patient 459
The Blue Shield and the Florida Doctor 460
Federal Health Workshops 461
"Doctors and Horses" 461
Practicing Physicians for Rural Areas 462
Shortening the Lag 463
Preparation of the Tuberculous Patient for the Sanatorium 463

COMMENTARIES

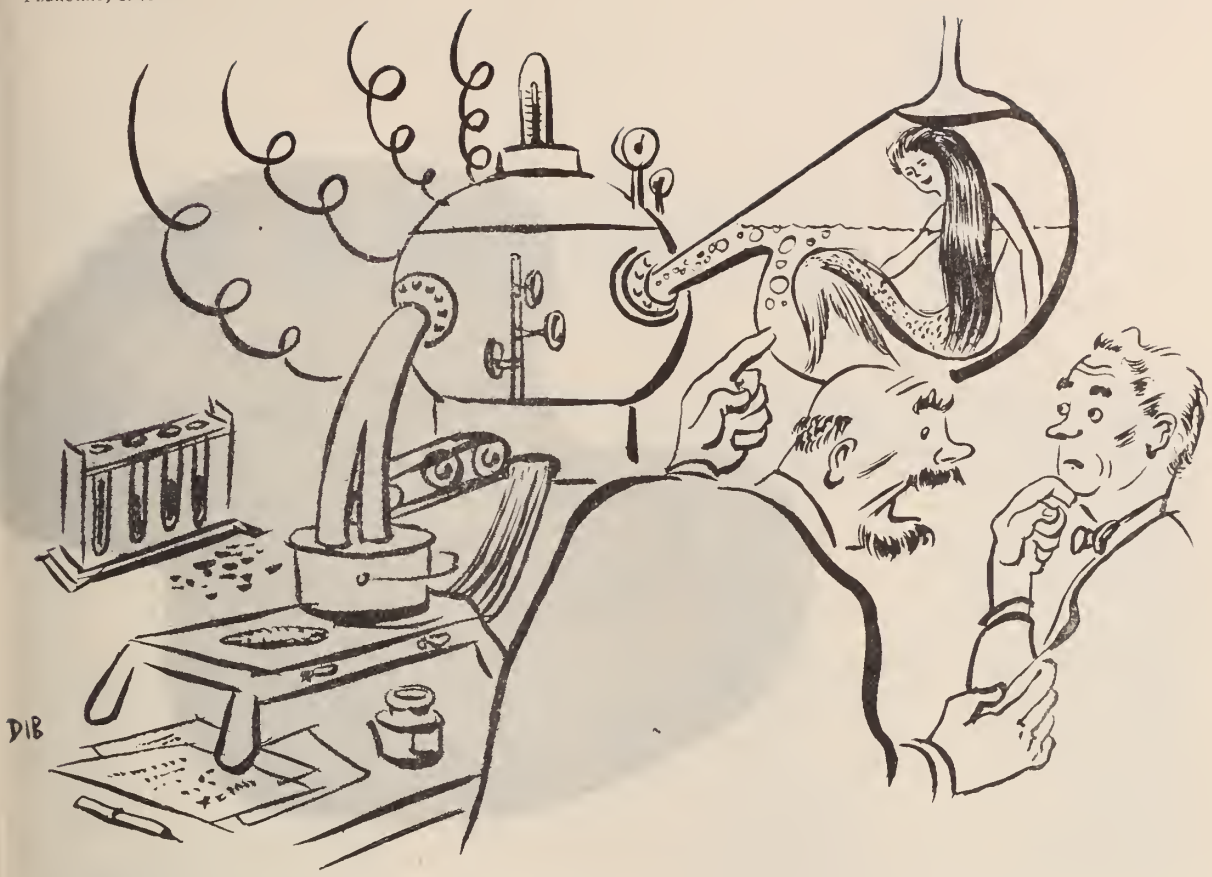
Regional Meeting of American College of Physicians Held 464
Southern Medical Association Meeting, 1947 464
Postgraduate Courses in March 465

GENERAL FEATURES

Officers and Committees 458, 459
From Our President 456, 457
State Board of Health Releases 466
Public Relations 467
State News Items 468
Births and Deaths 469
Component Society Notes 469
Gilbert Seymour Osincup (Obituary) 470
Walter Alva Weed (Obituary) 470
Correspondence 472
Woman's Auxiliary Officers 474
Schedule of Meetings 489
List of County Medical Societies, Presidents and Secretaries 490

This Journal is not responsible for the opinions and statements of its contributors.

Published monthly at Jacksonville, Florida. Price $5.00 a year; single numbers, 50 cents. Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.), Jacksonville 1, Fla. Telephone 5-0577. Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918. Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924.



"Quick! . . . Call the Byron Thompson Man!"

● Major phenomena like this are apt to be rare in the laboratory, but the man has the right idea. When things go wrong with your equipment in the lab, in the hospital or in the physician's office—the easiest, quickest and least expensive way to set them right is to call the Byron Thompson Man.

● Byron Thompson is distributor for more than 15,000 items of medical, surgical and hospital supplies and equipment for nearly 400 of the leading manufacturers in this country and abroad. If you don't have what you want, we can give it to you—day or night. If things are out of order, we can fix them for you right away.

● The variety of our service, the knowledge and ability of our representatives will surprise you. To cut costs, increase equipment efficiency and unload much of your grief, call the Byron Thompson Man!

Byron Thompson & Company

INCORPORATED

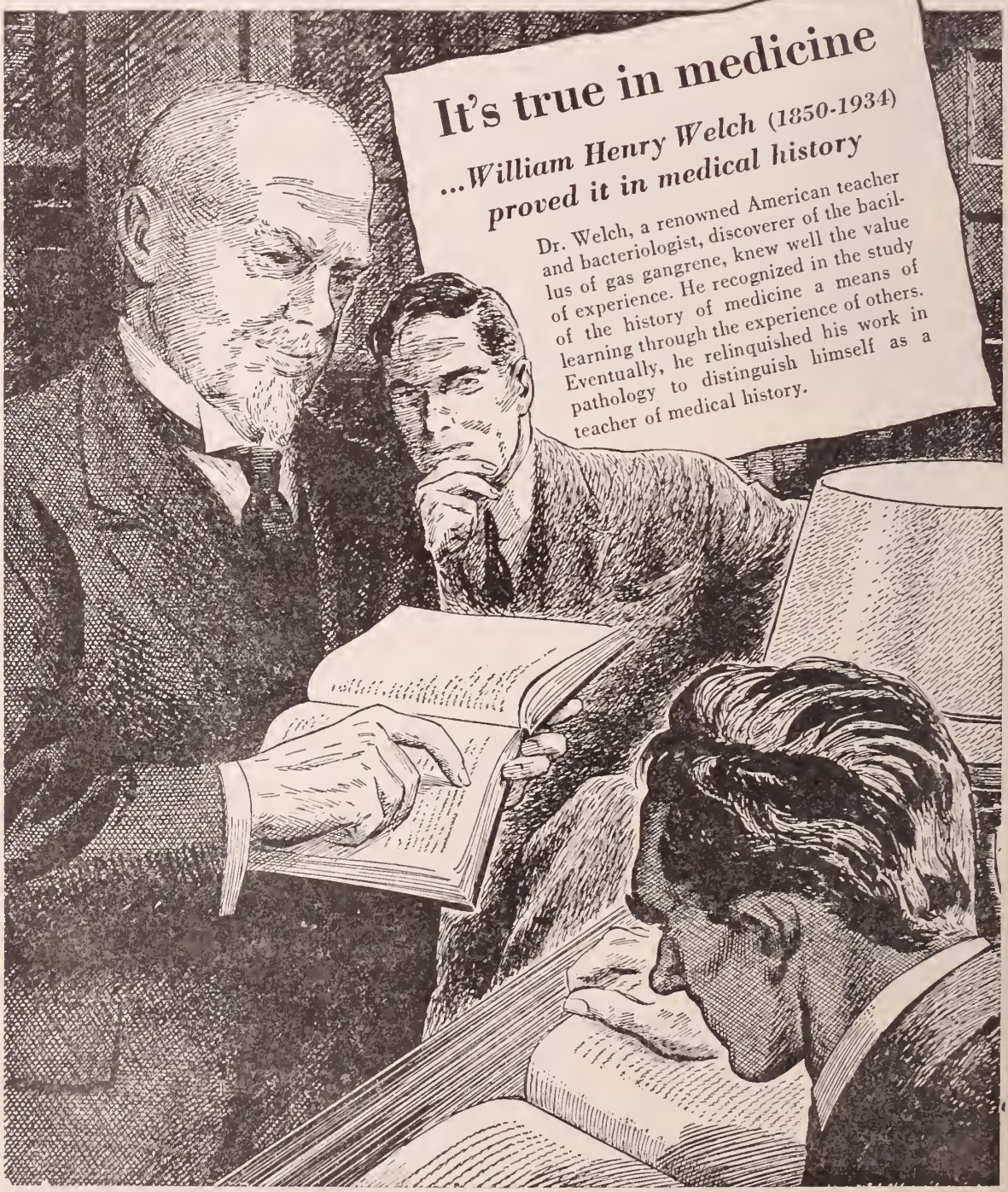
ESSENTIALS FOR SCIENTIFIC PROGRESS

DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE • MIAMI • ORLANDO

VOLUME XXXIV
NUMBER 8

Experience is the



It's true in medicine

...William Henry Welch (1850-1934) proved it in medical history

Dr. Welch, a renowned American teacher and bacteriologist, discoverer of the bacillus of gas gangrene, knew well the value of experience. He recognized in the study of the history of medicine a means of learning through the experience of others. Eventually, he relinquished his work in pathology to distinguish himself as a teacher of medical history.

best teacher

It's true in cigarettes too!

MORE PEOPLE ARE SMOKING CAMELS THAN EVER BEFORE





YES, experience *is* the best teacher in choosing a cigarette. And with millions of smokers who have tried and compared different brands of cigarettes, Camels are the "choice of experience."

Try Camels yourself. See how the full, rich flavor of Camel's choice, properly aged and blended tobaccos pleases your taste. See if Camel's cool, cool mildness isn't mighty welcome to your throat.

Let your own experience tell you why more people are smoking Camels than ever before.

According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

The makers of Camels are understandably proud of the fact that so many, many doctors prefer Camels as the cigarette for their personal enjoyment.

In a nationwide survey by three independent research organizations, 113,597 doctors were asked to name the cigarette they smoked. More doctors named Camel than any other brand.

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.

changing practice in **immunization**

"Council-Accepted" Diphtheria and Tetanus Toxoids, Alum Precipitated, and Pertussis Vaccine Combined, with antigenic content of *H. pertussis* increased to 45,000 million organisms per immunizing treatment, affords you and your patient

1 Fewer Injections

2 Simultaneous Immunization

3 More Rapid Protection

4 Time Saved

5 Economy



The use of multiple antigens, particularly combinations of diphtheria and tetanus toxoids, alum precipitated, and pertussis vaccine, is part of the changing practice in immunization.

Recommended for infants and pre-school age children, immunization consists of three 0.5 cc. subcutaneous injections at intervals of from four to six weeks.

SUPPLIED:

Single Immunization package contains three ½ cc. Vials

Five Immunizations package contains three 2½ cc. Vials

DIPHTHERIA and TETANUS TOXOIDS, ALUM PRECIPITATED, and PERTUSSIS VACCINE COMBINED

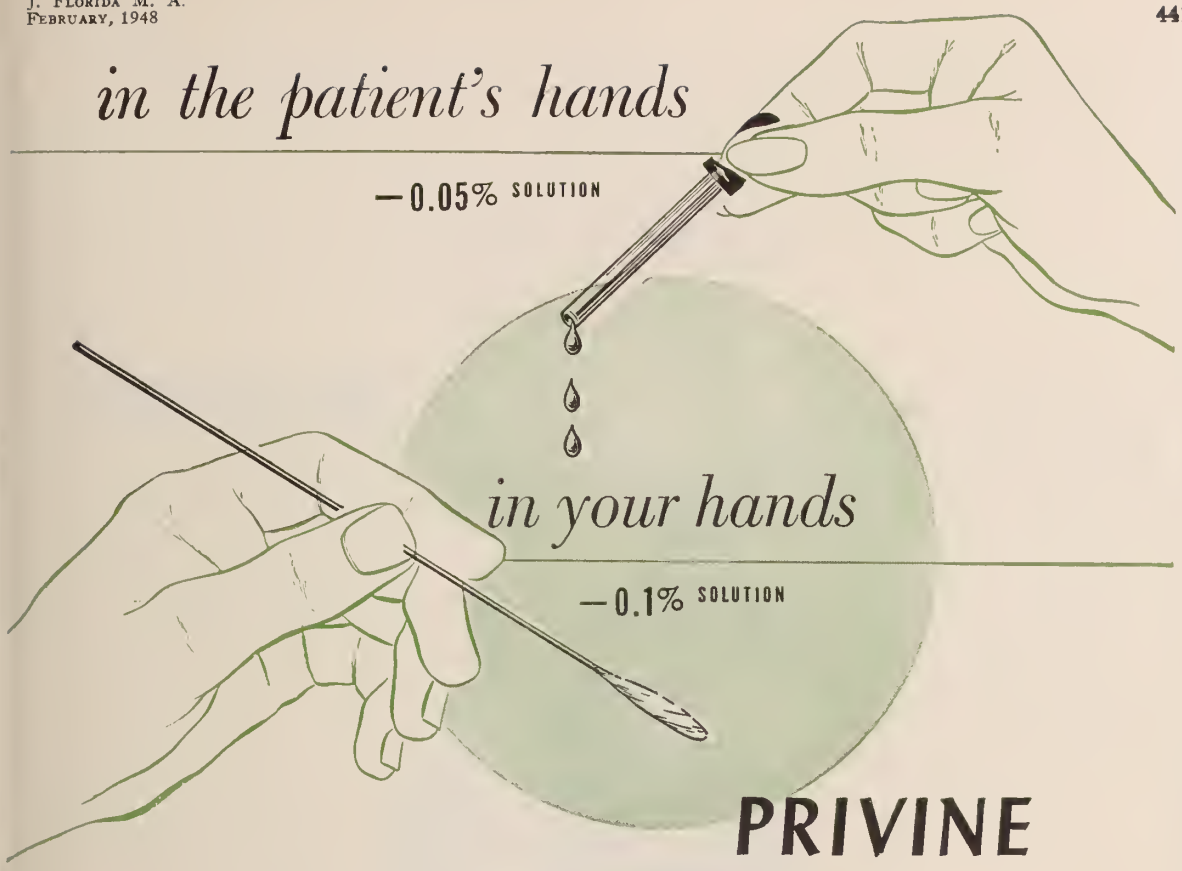
NATIONAL DRUG COMPANY

THE NATIONAL DRUG COMPANY
Philadelphia 44, Pa.

PHARMACEUTICALS, BIOLOGICALS, BIOCHEMICALS
FOR THE MEDICAL PROFESSION

in the patient's hands

—0.05% SOLUTION



in your hands

—0.1% SOLUTION

PRIVINE

PRIVINE hydrochloride, 0.05 per cent, is sufficiently potent to produce long-lasting relief in the average case of nasal congestion in patients of all ages. It is therefore the Privine preparation of choice for regular prescription purposes.

Privine hydrochloride, 0.1 per cent, fills the need for an agent which will produce the intense vasoconstriction frequently necessary for adequate visualization and for pre- and post-operative shrinkage. It is therefore the Privine preparation of choice for direct use in the office or hospital.

When properly administered, Privine hydrochloride induces prolonged vasoconstriction with relative freedom from local or general side effects. Three drops will usually produce nasal decongestion lasting 3–6 hours. Overdosage should be avoided.

Issued: 0.05%, bottles of 1 fl. oz. and 16 fl. ozs. • Jelly, 0.05%, tubes of 20 Gm.
0.1%, bottles of 16 fl. ozs. only

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

2/1328M

PRIVINE (brand of naphazoline) • *Trade-mark Reg. U. S. Pat. Off.*

CONTAMINATION TEST of penicillin broth—one of the 138 separate tests carried out by Abbott in the production of dependable penicillin. Tubes of sterile nutrient are inoculated with samples of broth from the fermentation tanks and then incubated. Broth contaminated by bacteria turns cloudy; noncontominated broth remains clear. Besides bacteria, other invaders to guard against are yeasts and wild molds. Some contominants merely use up nutrients and reduce penicillin yield; others—such as the gram negative bacteria of the coliform group—produce penicillinase, which destroys the penicillin in the broth.



"all clear" for better penicillin

Penicillin mold, new growth.

Clear, sterile broth.

Tests and more tests—138 in all—make Penicillin Abbott a product you can use *with confidence*. These 138 separate Abbott tests—exclusive of those made by the Food and Drug Administration—guard the product through tanks, filters, dryers, filling machines and other stages. Besides checking on contamination, the 138 tests cover potency, sterility, pyrogens, toxicity, G content, heat stability, pH, moisture, weight, solubility and crystallinity.

They are your assurance that Penicillin Abbott—whether in cartridges, vials, tablets, troches or ointments—is absolutely dependable. Your pharmacist has Abbott Penicillin Products in stock and will be pleased to fill your needs. For descriptive literature, just send a card to ABBOTT LABORATORIES, North Chicago, Illinois.

Specify **abbott** PENICILLIN PRODUCTS

CLAIMS

VS.

DIFFERENCES

WHAT value have claims of superiority unless there is a difference in formula or process to justify such claims?

Take cigarettes for example.

Philip Morris Cigarettes are *made* differently. In the clinic as well as in the laboratory, the *advantages* of Philip Morris have been repeatedly observed, repeatedly reported by *recognized authorities* in leading medical journals. Yes, Philip Morris *claims* superiority . . . *and that superiority has been proved.**

May we suggest that your patients suffering from irritation of the nose and throat due to smoking change to Philip Morris—*the one cigarette proved definitely less irritating.*

PHILIP MORRIS

Philip Morris & Co, Ltd., Inc.,
119 Fifth Avenue, N. Y.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

TO THE DOCTOR WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

PRENATAL SUPPORTS



CAMP

Of the so-called minor complaints of pregnancy, a contributor to the medical literature* makes the following statement concerning backache —

"Backache seemed to be due to several causes. Strain of the lumbar muscles and the vertebral ligaments, due to a change in the center of gravity was often responsible; fallen arches aggravated the complaint. It was relieved by rest in bed. A maternity corset with moderately rigid stays in the back was of benefit . . . Sacro-iliac relaxation as evidenced by pain over the joint was usually unilateral and was referred along the sciatic nerve. Usually a maternity corset would relieve it. This corset should have a strap or other device that will pull it snug over the sacro-iliac region."

Charles J. Marshall, New York Journal of Medicine, Vol. 34, Aug. 15, 1934

Camp prenatal supports are unique in that the overstrap with its buckle (through which the lacings ply) allows the support to be drawn evenly and firmly about the pelvis; thus the pelvic joints are protected and steadied.

From such a foundation, the back of the patient is well supported and the abdominal muscles are aided in holding the increasing load in position.

S. H. CAMP AND COMPANY • JACKSON, MICHIGAN

World's Largest Manufacturers of Scientific Supports

Offices in New York • Chicago • Windsor, Ontario • London, England



DISTINCTIVE

ESTINYL* (ethinyl estradiol) is distinctive among oral estrogens.

Ethinyl estradiol is a derivative of the true follicular hormone, alpha-estradiol. It is more potent, milligram for milligram, than any other oral estrogen, natural or synthetic, in clinical use today.

It induces that therapeutically important "sense of well-being" characteristic of the natural estrogens. Its cost is low, making it available to all women.

It offers the convenience of estrogen therapy by mouth; and provides relief with a rapidity almost equal to parenteral hormone treatment.

ESTINYL

(ethinyl estradiol)

DOSAGE: One ESTINYL Tablet of 0.05 mg. daily. In severe cases two to three tablets may be prescribed daily and dosage reduced as symptoms are alleviated.

ESTINYL (ethinyl estradiol) Tablets of 0.05 mg. (pink) and 0.02 mg. (buff), in bottles of 100, 250 and 1,000. ESTINYL Liquid, 0.03 mg. per 4 cc., in bottles of 4 and 16 oz.

*®

Schering CORPORATION · BLOOMFIELD, N. J.

In Canada, Schering Corporation Limited, Montreal



Beautify Your Office with ALLISON FURNITURE

Illustrated Above:-

4-580	Instrument Cabinet	$185.00
4-570A	Monarch Table	306.50
9-365A	Physician's Scale	50.00
4-605	Specialist's Chair	117.50
4-590	Operator's Stool	22.50
4-585	Treatment Stand	149.00
9-365A	Sterilizer & Bracket	73.00
4-595	Waste Receptacle	32.75

Buy complete or any single piece

HOSPITAL·INDUSTRIES·ASSOCIATION HIA



Anderson Surgical Supply Co.

Telephone 5-3026
40-42 W. DUVAL STREET
P. O. Box 1799
JACKSONVILLE 1, FLORIDA

Telephone M 8504
1101-1105 TAMPA STREET
P. O. Box 1228
TAMPA 1, FLORIDA

Telephone 7-4589
21 3rd STREET N.
ST. PETERSBURG, FLORIDA



ANESTHESIA....
Intense and Sustained

THE SURGEON has come to rely upon the prompt, intense, and sustained anesthesia produced by 'Metycaine' (Gamma-[2-methyl-piperidino]-propyl Benzoate Hydrochloride, Lilly). For spinal, regional, and infiltrational anesthesia, 'Metycaine' is easily controlled, always reliable.

'Metycaine' products for use in surgery, urology, rhinology, obstetrics, ophthalmology, and proctology are available through your regular source of medical supplies.

Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.



Lilly in England

MR. JOHN MORGAN RICHARDS, a chemist in London, England, was the first overseas customer of Eli Lilly and Company. The transaction occurred in 1884. Over the years the demand for Lilly products from English physicians and pharmacists has gradually increased. In 1934 the branch office was opened on Dean Street, London, and regular calls upon members of the medical and pharmaceutical professions were instituted.

The specifications of English physicians, together with the growing demand from the European and Middle Eastern markets, led to the construction of a modern pharmaceutical manufacturing plant at Basingstoke in 1939. During the war, large quantities of medicinals were supplied to the British army through this unit. The friendly relations established with the medical profession in this area, as well as in other parts of the world, have facilitated the interchange of mutually helpful scientific information.



A 15 x 12 reproduction of this Edward Wilson illustration, suitable for framing, is available upon request.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY
Volume XXXIV Jacksonville, Florida, February, 1948 No. 8

The Importance of Predisposing and Contributory Factors in an Allergic Evaluation

NELSON ZIVITZ, M.D.
MIAMI BEACH

Allergic tolerance or the allergic equilibrium of a patient varies from time to time and depends greatly upon the existence of predisposing and contributory factors. Observation of a patient for a long period often reveals that the exciting agent or antigen is merely part of a "trigger mechanism" and that the auxiliary factors must be corrected to obtain a proper evaluation and a good result from treatment. The present trend to search only for the exciting agent may explain many of the unsatisfactory results.

Specific allergens may be specific exciting agents only at certain times. It is not unusual to find an antigen whose action is determined by the time of day, portion of the week, relations to a menstrual cycle, or even the period of life, such as puberty, pregnancy and the climateric. Certainly the emotional and physical condition of the patient, the existence of a respiratory infection, the geographic location and the climatic conditions modify the reaction to an antigen. These variations are particularly prone to occur with foods and drugs, but are also not rare with pollens and inhalants.

Heredity has long been accepted as an important predisposing cause and has been studied by many observers with varied conclusions. In 26 of the 50 cases considered in this report there was an adequate family history of allergy. More recently the environmental heredity of Weiss and English[1] has received attention. No examples of such an intangible causal relationship could be found in these cases, but in 2 asthmatic children there was no question that environmental change was beneficial. Certainly it is not ideal for the constitutionally unstable allergic child to be in a home where the parents are highly emotional or where asthma is frequently recurrent.

Read before the Southeastern Allergy Society, Atlanta, Ga., January 1947.

What appears to be more important than heredity is the constitution of the individual in question—that is, the way his body reacts to a stimulus. Weiner[1] after weighing many theories formed an opinion that has clinical importance. He concluded that constitutional differences are important when the contact is slight, but when the contact is massive, these differences are insignificant. Anyone, therefore, may manifest allergy in the broad usage of the term. The two general clinical types most often manifesting allergic diseases are the type with irritability of the sympathetic nervous system and excessive sensitivity of the entire organism, and the tetanoid type with excitability of the entire nervous system and a tendency to spasm of smooth muscle (vagotonia).

The constitution of the skin has considerable bearing on contact dermatitis. Directly or indirectly those patients with seborrhea, ichthyosis and hyperhidrosis are vunerable to this type of allergic disease. One patient in this series with a contact dermatitis to shoe dye is still under the care of a dermatologist for hyperhidrosis which impeded her progress. Much the same may be said for atopic dermatitis in the adult, in which the skin is the principal cause and the allergen merely the exciting factor.

The deflected septum with narrow nasal channels may well be classified as a form of constitutional defect that is contributory to allergic rhinitis. One such case was included in this series; excellent results were obtained when surgery was performed after some of the allergic symptoms were controlled.

There have been many disappointments when allergic imbalance is considered due to endocrine dysfunction, and, yet, all allergists have treated patients in whom favorable results are not obtained until thyroid function is corrected.

In this series of cases there were 2 of urticaria in which allergy to foods and drugs was proved by both test and clinical trial, but in neither was the condition controlled until thyroid extract was given for an associated low grade hypothyroidism. Perhaps this aided tolerance to undiscovered allergens.

Much the same may be said for the sex glands. In 1 case in this series in which the migraine syndrome was present, there was a definite sensitivity to milk not completely controlled by avoiding this protein. The patient, however, did well when premenstrual edema was controlled by large doses of ammonium chloride and methyl testosterone. The same treatment was effective in a patient with allergic rhinitis and tension headaches occurring in the premenstrual period simulating migraine, but whether on a replacement basis or from neurovegetative effect is difficult to say. I have seen no such cases. One must recall the occasional dramatic relief experienced during puberty, pregnancy and the menopause, which often explains miraculous cures accomplished by unorthodox methods of treatment.

Closely related and perhaps an integral part of the endocrine influence is the neurovegetative function of the body. All physicians are aware of the vasomotor instability of most allergic persons. Kuntz[2] maintained that the allergic state probably does not exist in the presence of a normal functional status of the autonomic nervous system. Certainly many of the typical allergic symptoms such as increased smooth muscle tonus, vasodilatation and increased secretory activity of the mucous membranes seem related to parasympathetic and cholinergic reactivity: Kolmar,[1] as a matter of fact, believed that what is inherited in allergy is the instability of the vasomotor system, which renders the organism more susceptible. Harkavy[3] stated that the effect of the vasomotor system and the endocrines is regulation but not initiation of hypersensitivity. Since allergy is proved to be a cellular action, Harkavy's explanation appears most logical. There were 2 cases of vasomotor rhinitis in this series in which allergic and endocrine studies gave negative results and the response was poor under varied methods of treatment. Some help was obtained by the antihistamine drugs from their "atropine-like" action.

Urbach and Gottlieb[4] postulated that hypersensitivities with a daily periodic pattern, not explained by the action of an allergen, might result from hormonal or autonomic nervous system influences. In allergies with proved sensitivities, the exacerbations occurring at night or in the early morning certainly cannot always be explained by the action of the allergen. My own experience with the pollen from the Australian pine tree in the Miami area has been interesting in 1 case. Fluctuations of symptoms not at all related to the hour and extent of pollination frequently occurred.

There are certain fundamental facts known concerning the importance of absorption of proteins from the gastrointestinal tract. Unaltered food protein, overeating of an allergenic food, and eating at the time of nervous tension may result in an allergic reaction. Hypoacidity or anacidity results in the ingested food entering the gastrointestinal tract too rapidly with incomplete digestion and absorption of incomplete products. Alcohol and spicy foods may produce the same result. A pancreatic insufficiency with an increase of pathogenic bacteria in the colon can be related to impaired function. One patient with asthma attributed to bacterial sensitivity did poorly under treatment with dust and autogenous vaccine from the sinuses and stools. There was no indication of food sensitivity, but great improvement was obtained from frequent feedings, dilute hydrochloric acid, pepsin and pancreatin, which were used to correct a condition characterized by frequent formed stools which were fatty and contained small quantities of muscle tissue.

Patients are frequently perplexed when they are told of food sensitivities but find that these foods do not always produce the predicted response. This variation could be due to the summation effect of the multiple allergens, but undoubtedly the variable condition of the gastrointestinal tract would explain many of these inconsistencies.

It is generally accepted that bacteria and their toxins lower the tolerance to an antigen. As a matter of fact, many mistaken diagnoses of bacterial allergy are made for this reason. The occurrence of repeated respiratory infections and contagious diseases frequently augments an allergic disease either by precipitating or contributing to the allergic imbalance. Two patients in this series of cases after thorough treatment no longer have a prolonged siege of rhinitis and asthma after a respiratory infection. This relationship is difficult to prove, but they now recover quickly from an acute infection without exacerbation of

the allergy when known allergens are avoided at that time. Urbach and Gottlieb[1] described a patient who could not tolerate aspirin during a respiratory infection but at other times took large amounts with impunity.

The relation of focal infection is perhaps more important because of its insidious and prolonged action. The teeth, tonsils and sinuses are the commonest sources, but the bowel and skin must not be ignored. This is a common contributory factor, and in 1 case in this series great improvement was effected by obtaining continuous and adequate drainage from a maxillary sinus. It is worthy of mention that grossly infected tonsils are to be removed without the fear that promiscuous tonsillectomy gives all allergists. This observation is particularly true if at least some control of any noninfectious allergy is obtained as an initial procedure and a course of sulfadiazine or penicillin is given preoperatively as in rheumatic fever.

Nonspecific irritation may certainly precipitate allergic manifestations. Chlorine vapors, benzine oil vapors, smoke, paint and exhaust fumes have been incriminated in this type of case. In 1 case of asthma in this series a man 55 years of age had a history of "dripping" sinusitis fifteen years previously. He awoke one morning with wheezes which were associated with a strong odor of ammonia in a room where refrigerator gas was escaping. The attack lasted one week, but since then he has had frequent mild wheezing bouts which never occurred before. This type of allergic manifestation is of medicolegal importance.

The nonspecific effect of sweating with maceration of the skin is often a precursor of contact dermatitis. Many cases of wool sensitivity were seen in military service with such a precipitating history. There was, however, one patient with a history of frequent attacks of poison oak dermatitis in whom, in his last attack, there developed a contact dermatitis to a leather wallet which he had carried in a cool climate for several years without difficulty. Patch testing with this material after a complete cure still revealed a positive reaction. Further differentiation was refused by this patient.

Much has appeared in the literature to show the important relationship of meteorologic and climatic factors in the production of allergic disease as well as individual attacks. In Florida, near the seashore, one is particularly plagued in this respect in those cases in which neither molds nor bacteria can be proved an etiologic factor. It is interesting to mention in this respect Rowe's work on food sensitivity in which his patients tolerated their allergens better in a high and dry region.[4] One thing is definite in Florida; many patients with no personal history of allergy and no discoverable cause of specific allergens suffer from asthma and allergic rhinitis in almost epidemic form with a fall of barometric pressure. Rain, cold and wind often produce the same effect. It is also unusual to find a patient with proved specific sensitivities who is not so affected. Many of these patients are completely free of their allergy when removed to other parts of the country. Furthermore, the climate of a region is directly related to the amount and antigenicity of pollen, mold concentration and even the type of inhalants.

With the advance of knowledge of psychosomatic medicine much has appeared in the literature emphasizing a close relationship between allergy and psychic factors. Since hypersensitivity is basically a cellular reaction, the problem, clinically, is not so much whether a patient's allergy is caused by a psychosomatic factor, but if it is associated with his allergy, it is almost always predisposing to individual attacks and contributory to the allergic state. On the other hand, Moschcowitz[5] claimed that if one accepts light and heat as allergens, then psychic stimuli, which also fail to show an antibody-antigen mechanism, should also be accepted as an etiologic factor in allergy. In this series 1 patient with asthma due to multiple foods and inhalants always had an attack when his father left home for business reasons, although no environmental change occurred at that time. Treatment of the allergy was satisfactory, but he now presents headaches during periods of emotional stress. The literature includes cases of allergic symptoms occurring in patients from seeing an image of a true allergen, but I have seen no such cases.[6]

Perhaps the threshold of allergic tolerance is lowered by psychic trauma. In an area noted for its resort opportunities one sees frequent psychologic maladjustments. One patient in this series possessed an adequate family history of allergy with no personal allergic manifestations until arriving in Miami for a divorce which was not particularly desired by her. Urticaria developed, and there was proved sensitivity to egg

and some fruits. In this case, elimination of the foods resulted in an apparent cure without consideration of the psychoneurotic factor. Conversely, perhaps the institution of allergic management is also a help in treatment for nonallergic reasons. In several patients, not considered here statistically, periodic visits to the office, the demonstration of a test wheal, regular injections with slight pain and the appearance of a local reaction produced a beneficial result unrelated to the development of blocking antibodies.

SUMMARY

In conclusion, the present method of treating allergic patients by searching for the offending allergens followed by their avoidance or hyposensitization is of course correct and essential for success. This is a sizeable project in itself, but in many of the failures only the recognition of all predisposing and contributory factors effects control. The cases referred to are incompletely quoted because they exemplify a point and are, in themselves, unimportant. A few of these cases are merely examples of complementary diseases. They may bear no specific relation, but the patient is not well until they, in addition to the allergic disease, are treated. In this series of 50 cases it is believed that 18, or 36 per cent, were understood and helped only after the nonallergic factor was isolated in them. Search for allergens alone, therefore, without regard for predisposing or contributory factors would result in an incomplete evaluation. This is an opinion most difficult to prove except with the results obtained in the individual case and then only by trial and error.

REFERENCES

1. Urbach, E., and Gottlieb, P. M.: Allergy, ed. 2, New York, Grune & Stratton, Inc., 1946.
2. Kuntz, A.: The Autonomic Nervous System in Relation to Allergy, Ann. Allergy 3:91-100 (March-April) 1945.
3. Harkavy, J.: The Influence of Neuro-Hormonal Regulations on Anaphylaxis and Allergy, J. Mt. Sinai Hosp. 10:565-574 (Jan.-Feb.) 1944.
4. Rowe, A. H.: Food Allergy: Its Manifestations, Diagnosis and Treatment, with a General Discussion of Bronchial Asthma, Philadelphia, Lea & Febiger, 1931.
5. Moschcowitz, E.: Allergy to Life: Interpretation of the Neurotic Constitution, New England J. Med. 213:617-620 (Sept. 26) 1935.

311 Lincoln Road.

Paralysis of the Serratus Anterior Muscle with a Winged Scapula during the Puerperium

A. W. DIDDLE, M.D.

DALLAS, TEXAS

Unusual diseases, and sometimes the circumstances under which they occur, attract attention. Horwitz and Tocantins[1] reported more than 150 cases of isolated paralysis of the serratus anterior muscle, but did not state in how many of these the patients were parturients. McGoogan[2] described 6 cases of this disease, 3 of his and 3 collected from the literature. In all, the patient acquired the illness during labor or the puerperium. This communication adds another instance of paralysis of the serratus anterior muscle following labor.

REPORT OF CASE

Mrs. E. W., a 23 year old white primipara, was seen at the U. S. Naval Hospital, Key West, on April 7, 1944. The family, social and menstrual histories were irrelevant. Antepartum, intra partum and postpartum care were given at another Naval Clinic four months previously. The chief complaints were pain in the right shoulder and fatigue and weakness of the right arm. These began twenty-four hours after spontaneous delivery of a normal male infant weighing 7 pounds, 14 ounces, from a vertex presentation after a thirty hour labor on Dec. 14, 1943. The patient was not given enough analgesia or anesthesia to preclude memory. Second stage pains were enforced by voluntary "pushing down." Hand holders attached to the foot of the bed were used to pull on. The postpartum course was afebrile, but the day after delivery a persistent ache and muscular weakness appeared in the right shoulder. By the tenth day postpartum there was difficulty in combing the hair. Whenever the right arm was hyperextended or adducted, the corresponding scapula rotated outward. Leaning backward in a chair was uncomfortable.

The discomfort in the shoulder gradually increased during the next three months until lifting and pulling were done with difficulty. The pain now radiated up the back of the neck and down the "center" of the arm. On April 4, 1944, or nearly four months postpartum, these positive physical findings were noted: The body weight was 122 pounds (55.4 Kg.). The blood pressure measured 120 millimeters of mercury systolic and 70 diastolic. The temperature was 98.8 F., the pulse rate 80, and the respirations 20 per minute. There were no sensory changes. No postural deformity was noted when the patient stood with the arm at the side and the palm of the hand adjacent to the thigh, but actively elevating or adducting it produced a 35 degree flare of the right scapula. Extension above a horizontal level increased the flare to 45 degrees, and to elevate it more than 160 degrees from a dependent position was impossible. The higher the arm was raised the more severe was the pain in the shoulder and neck.

From the U. S. Naval Hospital, Key West, and the Department of Obstetrics and Gynecology, Southwestern Medical College.

Pressure over the thoracic indigitations of the right serratus anterior muscle produced a moderate amount of discomfort. A roentgenogram of the cervical and upper thoracic spine showed no abnormalities.

Diathermy and massage were given to the right shoulder every other day from April 12 to May 22, 1944. In addition, 10 mg. of betalin was administered orally twice a day, and the patient was instructed to do no work with the right arm. By May 22, the pain and weakness had disappeared. The scapular flare did not exceed 15 degrees even with strong adduction or complete hyperextension of the extremity. Sitting in a chair was comfortable. A month later, the deformity noted previously was no longer present, and muscular strength was practically normal.

COMMENT

Anatomically, winged scapula may result either from a traumatic injury or inflammation of the long thoracic nerve. Several etiologic factors of a traumatic nature have been reported as leading to this syndrome: thrusting a punch bag; swinging a golf club; falling on the shoulder; birth palsy; use of crutches; husking corn and carrying loads on the shoulder;[3] reaching upward and backward to exert a forceful pull;[4] reaching far forward;[2] overreaching while playing tennis;[5] sleeping on the arm abducted;[6] and compression of the long thoracic nerve.[7]

Symptoms are motor in character. Pain usually indicates the existence of a neuritis. The disease was first described by Velpeau[1] in 1825 and later by Marchessaux[8] in 1840. Typically, the symptoms and signs, which begin shortly after injury, are progressive muscular weakness, fatigue, discomfort in the extremity involved and lateral rotation of the corresponding scapula with movements requiring lifting or pushing.

Treatment has varied. With trauma, the prognosis for recovery depends on the extent of the injury. Recovery from a neuritis is generally complete.[9] Berkheiser and Shapiro[10] used a plaster spica to immobilize the arm in abduction and external rotation. Foley and Wolf[11] employed a special brace to relieve the strain on the serratus anterior muscle. Fitchet[12] applied an airplane splint, while Ball[13] stimulated the damaged extremity with a galvanic current. Hass[14] transplanted the teres major muscle, and Samter[15] part of the pectoralis major to replace the paralyzed muscle. Other physicians have either fixed the scapula to the underlying ribs or to the spine, or have transplanted the subscapular muscle to the shoulder.[16] Sling support, heat in some form and massage have been recommended.[3,4] Since the end results obtained by operative measures are not always satisfactory, conservatism is usually practiced when trauma is the etiologic factor. Physical therapy and immobilization of the part involved are believed to aid in minimizing the amount of muscular atrophy while the nerve regenerates. Convalescence is prolonged, lasting several weeks or months. The prognosis for a complete recovery is always equivocal.

REFERENCES

1. Horwitz, M. T., and Tocantins, L. M.: Isolated Paralysis of the Serratus Anterior (Magnus) Muscle, J. Bone & Joint Surg. **20**: 720-725 (July) 1938.
2. McGoogan, L. S.: Isolated Paralysis of the Serratus Anterior Muscle During the Puerperium, Am. J. Obst. & Gynec. **40**:313-315 (Aug.) 1940.
3. Overpeck, D. O., and Ghormley, R. K.: Paralysis of the Serratus Magnus Muscle Caused by Lesions of Long Thoracic Nerve, J. A. M. A. **114**:1994-1996 (May 18) 1940.
4. Ilfeld, F. W., and Holder, H. G.: Winged Scapula: Case Occurring in Soldier from Knapsack, J. A. M. A. **120**:448-449 (Oct. 10) 1942.
5. Skillern, P. G., Jr.: Serratus Magnus Palsy with Proposal of a New Operation for Intractable Cases, Ann. Surg. **57**:909-915 (June) 1913.
6. Foucar, H. O.: The "Clover Leaf" Sling in Paralysis of the Serratus Magnus, Brit. M. J. **2**:865-866 (Nov. 11) 1933.
7. Potts, C. S.: Isolated Paralysis of the Serratus Magnus: Report of a Case, Arch. Neurol. & Psychiat. **20**:184-186 (July) 1938.
8. Marchessaux, L.: Observation de paralysie du muscle grand dentele avec reflexions sur cette affection, Arch. gen. de med. **52**:313-318 (March) 1840.
9. Wechsler, I. S.: A Textbook of Clinical Neurology, ed. 5, Philadelphia, W. B. Saunders Company, 1943, pp. 223-224.
10. Berkheiser, E. J., and Shapiro, F.: Alar Scapula; Traumatic Palsy of the Serratus Magnus, J. A. M. A. **108**: 1790-1793 (May 22) 1937.
11. Foley, W. E., and Wolf, J.: Scapula Alata, J. Iowa M. Soc. **31**:424-426 (Sept.) 1941.
12. Fitchet, S. M.: Injury of the Serratus Magnus (Anterior) Muscle, New England J. Med. **203**:818-823 (Oct. 23) 1930.
13. Ball, C. R.: Paralysis Following Injection of Antitetanic Serum; Case Report with Serratus Magnus Involved, U. S. Nav. M. Bull. **37**:305-309 (April) 1939.
14. Hass, J.: Muskelplastik bei Serratuslahmung. (Ersatz des gelahmten Musculus serratus anterior durch den Musculus teres major), Ztschr. f. orthop. Chir. **55**: 617-622, 1931.
15. Samter: Sur le traitment operatoire de la paralysie du grand dentele, abst. J. de Chir. **1**:299 (Feb.) 1930.
16. Painter, C. F.: 1941 Year Book of Industrial and Orthopedic Surgery, Chicago, The Year Book Publishers, Inc., 1942.

2211 Oak Lawn Avenue.

SEVENTY-FOURTH ANNUAL CONVENTION
FLORIDA MEDICAL ASSOCIATION
ST. AUGUSTINE, APRIL 11-14, 1948

Volume XXXIV
Number 8

Finding Tuberculosis in Florida

Clarence M. Sharp, M.D.

JACKSONVILLE

The best way to tell the story of finding tuberculosis is through a report of the results the Bureau of Tuberculosis Control of the State Board of Health has obtained. There is much more to case-finding than statistics, but a few of the facts and figures will give a better picture of the situation as it is today than any other method.

STATISTICAL ANALYSIS

During the year 1946, there were 685 deaths from all forms of tuberculosis in Florida. Of these, 335 occurred in the white race, which comprises 76 per cent of the population of the state: 350 deaths occurred among Negroes, who make up only 24 per cent of the population. In other words, 51 per cent of the deaths from tuberculosis in Florida occurred in 24 per cent of the population.

The tuberculosis death rate during 1946 for residents of Florida was 29.3 per 100,000 population, a decrease from the rate of 30.9 in 1945. In 1946 there were 685 deaths from tuberculosis as compared with 701 in 1945. For white residents, the tuberculosis death rate was 18.9 per 100,000 population, the lowest death rate ever reported in Florida. The Negro rate, however, was 62.0 per 100,000, almost four times as high as that of the white population.

The number of cases of tuberculosis reported this year reached 2,437, including 295 cases which were first reported by death certificate. The corresponding number of cases reported during 1945 was 1,086, less than half as many. The greatest number of new cases reported was from Duval County, where they totaled 353. Hillsborough County was second with 340 cases, and Dade County, where 303 new cases were reported, was third.

One of the most striking features to come out of the reporting of new cases in 1946 is that in so many the disease was in the advanced stages. Of all the cases reported there were 481 in which the condition was far advanced. There were 347 in which it was moderately advanced and only 253 in which it was minimal, with a total of 544 in which the stage is not known at the present time. Another interesting feature is that the majority of the cases reported were among white residents, in spite of the fact that over 51 per cent of all the deaths from tuberculosis were among the Negro race. There were 1,531 cases reported as occurring in the white race and 769 in Negroes.

The largest number of cases reported, 716, came from the county and city health departments. The 511 old cases which were newly reported accounted for the second highest number, and the third greatest came from reports by death certificate. It should be noted that 43 per cent of all deaths from tuberculosis in Florida were first reported by death certificate. Three per cent of all the deaths in this state during 1946 were caused by tuberculosis.

A significant figure brought out by the reporting studies is the one which shows that the greatest number of cases reported occurred in persons between the ages of 21 and 50. Tuberculosis can strike any one any time, but it is gradually becoming a disease of older people. It is still, however, the greatest disease killer of all between the ages of 15 and 35.

Another point which should be brought out is that 62 per cent of all cases reported among white persons occurred in men as against 38 per cent in women. Of the cases reported among Negroes, 59 per cent were in men as against 41 per cent in women. It is obvious that there has been a great deficiency in the work done concerning the finding and reporting of cases among Negroes, and increased emphasis should be placed upon case-finding in this group. The death rate from tuberculosis among Negroes in the state will continue to be high until the needs of the Negro population are adequately met in case-finding and in facilities for hospitalization, both of which are extremely inadequate.

Director, Bureau of Tuberculosis Control, Florida State Board of Health, Jacksonville.

Read before the Florida Tuberculosis and Health Association, Annual Conference on Tuberculosis, Miami, May 1 and 2, 1947.

An analysis of the cases of tuberculosis listed in the central case register is revealing. It shows that of a total of 6,500 cases in the register, in 5,400 the patients are at home, while in only 900 are they in sanitoriums. There are 3,000 cases in which the sputum is undetermined, and 900 cases in the home in which examination of the sputum gives positive results.

The current examination status of patients in twenty-five counties which have been analyzed indicates that much work has yet to be done in this respect. Current examination status, in which the patient has had an examination within the last six months, is indicated in only 25 per cent of those listed in the case register.

DIAGNOSTIC AND TREATMENT CENTERS

During the past year the Bureau of Tuberculosis Control has attempted to establish diagnostic and treatment centers in fourteen of the larger centers of population. These centers did not begin adequate operation, except in minor instances, until the last quarter of the calendar year. In addition to the permanent diagnostic centers which have been established in the various county health departments, a portable roentgen ray clinic service has been available to the smaller county health departments for examination of contacts and patients in known cases of tuberculosis about once every three months.

In the last six months of 1946 there were 62 portable diagnostic roentgen ray clinics held, and a total of 2,419 large roentgenograms taken. Following 57 of these roentgen ray clinics a personal visit was made to the local county health departments by a clinician from the Bureau of Tuberculosis Control, and a medical clinic was held with patients found by the visit of the diagnostic roentgen ray unit. An average of 15 patients per clinic was seen. This personal visit by the tuberculosis clinician was of considerable benefit to local health department personnel and to patients who had been at a loss as to where to continue their postsanatorium supervision. During the coming fiscal year a great expansion of this clinic service is anticipated.

During the year 1946 there were 6,324 large roentgenograms reviewed by the Bureau of Tuberculosis Control. These films were sent in for interpretation by local county health departments, by private physicians and by tuberculosis and health associations; 2,797 were taken by the Bureau of Tuberculosis Control in its traveling roentgen ray clinics, including the films taken at the rapid treatment center in Jacksonville.

Of all the films reviewed in these diagnostic centers, 13.7 per cent showed some evidence of reinfection tuberculosis. Of films on persons over 21 years of age, 18.0 per cent demonstrated the presence of the reinfection type of tuberculosis. This is good evidence that from a public health standpoint roentgenograms on children, at least those under the age of puberty and perhaps even older, are wasted. Frequently the roentgenogram itself is unsatisfactory and, if not, it may well fail to reveal anything significant, even in a clinically ill child.

The groups showing the highest percentage of reinfection tuberculosis were the white men over 60 years of age, and the Negro men between 51 and 60. White women between the ages of 21 and 30 showed the lowest percentage in the adult groups in spite of the high number of roentgenograms taken in this group. Generally, men ran a higher percentage than women in each group in both races.

It is important to note that 5.7 per cent of all roentgenograms revealed late tuberculosis, either active moderate or far advanced disease. These were roentgenograms of patients not in sanatoriums, but exposing others to tubercle bacilli until isolated.

With increasing expansion of diagnostic facilities during the coming year the incidence of diagnosed cases is expected to be higher, perhaps as many as 4,000 during 1947. Emphasis has been placed upon examinations of contacts in known cases for the purpose of finding early cases of tuberculosis, since it is well known that the incidence of the disease among household contacts is approximately fourteen times higher than among the general population.

Collapse therapy for ex-sanatorium patients has been expanded this past year. Treatment centers have been established in Pensacola, Daytona Beach and Orlando, where pneumothorax refills may be continued at county health departments by clinicians who operate on a fee basis. In addition, Hillsborough and Pinellas counties have established full time tuberculosis clinicians, and Dade County has continued its program of chest clinics with a full time tuberculosis clinician.

MASS SURVEY WORK

During the present year mass tuberculosis case-finding with x-ray survey equipment is being carried on by the Bureau of Tuberculosis Control with six x-ray survey units, all of which use the new 70 mm. type roll film, which is the latest type of survey equipment. Five of these units are operated by the state and one is assigned to the State of Florida by the United States Public Health Service. Three of the units are used for mass survey work in the counties where community-wide surveys are being carried out. Two of these units have their own electric generator equipment, making it unnecessary to be dependent upon line connections for the current supply to operate the machines. One of these units is dependent upon local current supply and is usually established in one central location. Two other units are permanent equipment located in the health departments at Tampa and Miami. During the first two months of operation of the unit in Tampa, more than 6,000 people were examined by this machine, and during the one month of operation of the unit in Miami, approximately 1,000 have been examined. It is regarded as certain that there will be a great increase in the number of people, particularly in the Miami area, who will receive mass roentgen ray survey examinations.

The unit assigned by the United States Public Health Service spends most of its time examining large institutional groups such as those in colleges, institutions for mental patients and prisons. It is believed that there are enough institutions of this character to keep a unit busy almost the entire year.

During the last year 104,606 people received 70 mm. survey roentgen ray examinations, and in 1,172 there was definite or suspicious evidence of pulmonary tuberculosis while in 378 evidence of pathologic change other than that of tuberculosis was revealed. It is interesting to note that out of each thousand persons examined by the unit, 10.8 showed definite or suspicious evidence of tuberculosis. It would be wise, however, to point out that in many community surveys there is not a proper turnout of people for this vital service to public health. Community lethargy, in too many instances, prevents a satisfactory survey, and often where there have been many roentgenograms taken, few cases of tuberculosis have been revealed. This result should clearly point out that, in many instances, the proper type of people is not being reached with this examination. One of the most significant features in tuberculosis control and tuberculosis case-finding is that the higher rates of tuberculosis are always present in those groups in the lower income brackets. The result with the Negro population has certainly been far from satisfactory since relatively few cases of tuberculosis are found in a fairly large segment of the population in which the incidence of the disease should be fairly high if one relies on mortality figures, as previously pointed out in this discussion.

LOCAL HEALTH DEPARTMENTS

Local health departments are greatly expanding their tuberculosis activity, generally. A total of 16,530 patient visits were made last year to the various clinics operated by the local health departments, and 20,069 field nursing visits as well as 3,212 office nursing visits were made.

On the whole, there has been great expansion of the tuberculosis control activities during the last year. There is, however, still a great need for additional training of public health nurses to implement the program of tuberculosis control by generalized nursing service in local health departments.

SUMMARY AND CONCLUSIONS

In analyzing the foregoing statements, it is evident that while the number of deaths from tuberculosis slightly decreased during 1946, the Negro death rate was four times as high as that of the white population. This fact, together with the fact that the majority of cases of tuberculosis reported during the year were among the white race, indicates that there is a definite need for concentrated effort in case-finding and follow-up among the Negroes in this state.

While there has been a great increase in the number of cases of tuberculosis reported, the lack of adequate follow-up is apparent when one analyzes the examination status of patients in the Central Tuberculosis Case Register.

In the greatest number of the cases of tuberculosis found during the year the disease was in the advanced stages, a finding which shows the necessity for continued mass surveys. Effort in this line should not be wasted in the roentgen ray examination of children, which has not proved beneficial. Emphasis should be placed on health education so that it will be possible for the surveys

to reach the proper type of people in each community.

The rapid expansion of tuberculosis activity in the state during the year would account for the lack of emphasis on any one phase. With the program under way, however, and the basic pattern established, it is expected that continued effort will tend to eliminate the known inadequacies.

1217 Pearl Street.

ABSTRACTS OF MEDICAL ARTICLES

A CLINICAL STUDY OF THE THERAPEUTIC EFFECT OF A SPECIAL PEPSIN-PANCREATIC PREPARATION ON PRIMARY AND SECONDARY GASTROINTESTINAL DYSFUNCTIONS: PRELIMINARY REPORT. BY THOMAS H. MC GAVACK, M.D., AND SOLOMON D. KLOTZ, M.D. BULL. NEW YORK M. COLL. 9:61-74 (OCT.) 1946.

A series of 22 cases is reported in which an especially prepared combination of pepsin and pancreatic extract was administered orally in the treatment of a variety of gastrointestinal disorders. In an appreciable percentage there .was relief of the commoner gastrointestinal complaints, with the so-called postcholecystectomy syndrome and chronic cholecystitis responding most satisfactorily. Infectious hepatitis, chronic duodenal ulcer, chronic colitis, hypertrophic gastritis, certain gastrointestinal neuroses and the postgastrectomy syndrome were other conditions treated. It was concluded that the combination of pepsin and pancreatic extract used may have more merit than either of these agents used singly and that a more intensive study of the mechanism of its action is warranted.

SOME COMMONLY UNRECOGNIZED DISEASES OF THE NASOPHARYNX; RESULTS OF STUDIES OF 140 AUTOPSY SPECIMENS. BY A. R. HOLLENDER, M.D. SOUTH. M. J. 40:248-252 (MARCH) 1947.

Since the nasopharynx is frequently the seat of a variety of affections distinctly related to certain constitutional diseases, it is suggested in this article that its inclusion in routine examinations should be regarded as essential. Frequently overlooked are certain inflammatory, hyperplastic, infectious and neoplastic conditions, which are discussed. They include nasopharyngitis, pharyngeal bursitis (Thornwaldt's disease), lymphoid hyperplasia, tuberculosis and neoplasms.

Confirming extensive clinical experience, pathologic study of 140 specimens led the author to conclude that nasopharyngeal diseases have eluded recognition because of negligence, carelessness or inability in exploring the pharynx as a whole rather than because of inability to interpret findings. He reminds internists and general practitioners of the value of familiarizing themselves with the facilities now available for inspection of the postnasal cavity, a procedure less difficult than ophthalmoscopy, which most capable internists now perform.

SARCOIDOSIS SIMULATING GLOMERULONEPHRITIS. BY HARRY F. KLINEFELTER, JR., MAJOR, M. C., A. U. S., AND S. MARION SALLEY, LT. COL., M. C., A. U. S. BULL. JOHNS HOPKINS HOSP. 79:333-341 (NOV.) 1946.

Renal involvement accompanied by extensive retinal changes is so unusual in sarcoidosis that a detailed report of a case of this type is presented. An extensive review of the literature revealed reports of only 3 other cases, and the pertinent data in the 4 cases are tabulated.

In general, the clinical picture resembles chronic pyelonephritis, but is not typical of any of the common types of nephritis. The authors concluded that the renal insufficiency in sarcoidosis is apparently primarily the result of actual mechanical interference with renal function because of invasion of the kidneys by sarcoid granulomas. They observed further that extensive retinal changes occur in sarcoidosis, with or without renal involvement, and that the retinitis does not result from the renal damage. Stressing the importance of recognition of sarcoidosis, since the prognosis is generally favorable, they suggest that it should be suspected when hyperglobulinemia and hypercalcemia are present in association with azotemia.

From Our President

THE FLORIDA MEDICAL SERVICE

In October it was my privilege along with other officers of the Florida Medical Association to attend the district meetings over the state. These district meetings present the opportuniy for the officers to become better acquainted with the members of the Association, and for the members in general to learn how the various functions of the Association are being carried on.

At the district meetings it was my lot to discuss the Florida Medical Service Corporation, and again I desire to bring this service to your attention.

One of the ways the Association answered the hue and cry for socialized medicine was to try to provide medical protection for the low income group, namely, families with an annual income of three thousand dollars and individuals with two thousand dollars or less. The House of Delegates directed the formation of a nonprofit corporation for this purpose, and this was financed by the physicians of Florida to the extent of some twenty thousand dollars. This corporation is directed by laymen and physicians, the latter group composing three fourths of the directors. A fee schedule was set up and approved by the Board of Governors. Thus far, only urban groups are covered. As finances warrant, it is hoped to cover rural groups and to extend the coverage to other phases of medical care.

Several factors of the Medical Service Plan are not well understood. It is for this reason that the following discussion is presented.

1. Why coverage for surgical and obstetric fees only?

Surgical and obstetric fees, while larger than general medical fees, are spaced at longer intervals. If these larger fees are cared for, the more frequent medical fees are more easily cared for by the individual.

2. What happens when an employee severs connection with an employer?

The Service plan can be continued in force by the individual by a small additional fee to cover bookkeeping cost.

3. Can those of a higher income group benefit this plan?

Any income group can participate, the Medical Service Corporation taking care of only that part of the fee designated in the fee schedule. For example, an individual with an annual income of four thousand dollars has surgical treatment. The surgeon ascertains in a general way the annual income and informs the patient

what the fee for the services is to be. The patient is informed that the Florida Medical Service (Blue Shield) will be responsible for only that part of the charge designated in the fee schedule, the patient to assume responsibility for any charges above this designated fee.

4. Why should members other than those practicing surgery or obstetrics participate in the plan?

(a) As stated previously, the surgeon or obstetrician benefits directly by being paid by the Florida Medical Service Corporation.

(b) All other physicians benefit by their clients being more able to pay by virtue of the fact that surgical and obstetric fees are cared for.

(c) Agents of the Corporation when approaching employers can state that the physicians of the Association are supporting the plan to help the low income groups.

5. Why are fees so low?

This plan is to cover persons in the low income group. Many of them are not able to pay any fee or at least only a very small fee. While the fees are not high, fees received from this group through the Medical Service Corporation are greater than would be received from the same group without the Service coverage. As conditions warrant, fees for services may be increased as has just recently been recommended in the field of eye, ear, nose and throat.

There are of course defects in the Corporation. It is, however, expected that with experience these defects will be found and gradually eradicated. Florida is not alone in this endeavor. Similar projects exist, or are being formed in every state in the Union.

The Florida Medical Service Corporation (Blue Shield) is a child of the Florida Medical Association. In the beginning it was financed by the members of the Association and it is operated by physicians with some assistance by interested laymen. There is no question of the success of the Corporation if it is supported by members of the Association. If it is undermined by our failure to support it, we will prove the truth of the expression "The doctors do not know what they want to do, and if they did, they would not know how to do it."



FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. McIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. McEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. McIVER, M.D. (Ex-Offieio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. McKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
C. FREDERIC ROCHE, M.D...D-48.....*Miami*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. McIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami Beach*
THOMAS W. TAYLOR, M.D ..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48.*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MAXEY DELL, JR., M.D...AL-48.....*Gainesville*
JOSEPH H. RUTTER, M.D...B-49.....*Daytona Beach*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES, M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahoochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D...AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51.....*DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48.*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

HOMER L. PEARSON, JR., M.D., Delegate.....*Miami*
WILLIAM M. DAVIS, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1948)
LOUIS M. ORR, II, M.D., Delegate.....*Orlando*
WILLIAM Y. SAYAD, M.D., Alternate...*West Palm Beach*
(Terms expire Dec. 31, 1949)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D.....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents

John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945..... *Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

DOCTOR AND PATIENT

When a physician makes a diagnosis of incurable disease, he must decide how much information should be given the patient. A few patients are frank to admit that they do not want to be told if anything seriously wrong is found. Here the problem in question does not arise. There is another group of patients, however, who pretend to want detailed information when in reality they do not.

A short time ago a patient presented himself in the office of a well known diagnostician with the statement: "I have been to many physicians recently and have gotten no satisfaction; hence I am coming to you to learn the truth. I am tired of having doctors beat around the bush about my illness. I want the facts straight." After the clinical examination had been completed, the patient reminded the physician that he wanted the facts straight. When told that the study indicated a "growth in the liver," he asked if that meant cancer. Told that it did, he stood, turned pale and fell back in a chair in a faint. Obviously, he had deceived both the physician and himself into thinking that he wanted the information in that manner.

There is a third type of patient who is anxious about himself, of course, but who is reasonably calm and sincere. It may be important for him to know if his illness is apt to terminate fatally. He may need to adjust his affairs for the benefit of his family.

Here is a time when the physician needs courage. He may take the easiest course by saying almost nothing, or, as some physicians do, he may tell the patient that he will be all right when actually he will not. One falsehood leads to another, and soon the patient may lose confidence in both the integrity and the ability of his physician. Painful it is to see not only fear but also doubt and uncertainty written in the expression of a sick person.

In this situation the physician will do well to practice the art of medicine. The patient should be made to feel his keen and sincere interest. Unpleasant words such as cancer and death are to be avoided. Hope can be held out by reviewing progress in treatment with new agents which have transformed so-called fatal diseases into illnesses that are controllable or curable. Diabetes mellitus, pernicious anemia and bacterial endocarditis are a few outstanding examples. Thus as the patient is being given to understand that he should put his affairs in order, he also is given to feel that his physician is abreast of the times and that he will take advantage of new developments.

Spirit and understanding between the patient and his physician cannot be replaced by scientific methods. Art goes hand in hand with science to make the true physician.

THE BLUE SHIELD AND THE FLORIDA DOCTOR

For two decades a definite public demand for a prepaid medical program has been growing. The left wing group of politicians in Washington was quick to appreciate this rapid trend and has on several occasions almost rammed through the Congress a compulsory prepaid medical program. The leaders in the medical profession had, on the other hand, been slow in developing a program of their own. Nevertheless, they realized that the high cost of medical care was beyond the purse of those in the lower income group and felt that there was a justifiable cause for this public demand. They thought that the compulsory type of prepaid medical care was un-American and therefore would be not accepted by the people. It was the sincere belief of these leaders of the medical profession that only a voluntary type of a prepaid program would be accepted by the public.

On this basis a voluntary program, preferably on a state level patterned somewhat along the lines of the already growing and popular Blue Cross, was sponsored. The first one on a statewide basis was launched about ten years ago and slowly has spread over the nation until now in most of the states there has developed or is in the process of developing some sort of a voluntary prepaid medical plan, not only at costs far below any plan recommended on a compulsory basis but guaranteeing better medical and surgical care. The public in general, both employers and employees, has manifested a sympathetic attitude toward these medically sponsored plans and has indicated that it too prefers them to any compulsory type of government insurance.

Unfortunately, the apathy on the part of the medical profession, which held back so long any positive action toward meeting the high cost of medical care felt by the low income groups, may still be found to exist. Regardless of the efforts put forth locally by committees of the respective state medical associations in opposing the socialization of medicine and advancing their own state medical programs, many doctors, some of whom stand out prominently in their communities, refuse to participate in the plans sponsored by their own medical association and often sabotage them with unconstructive criticism.

In 1942 the Florida Medical Association appointed a committee to study and recommend to the Board of Governors a voluntary prepayment medical plan comparable to plans in operation in other states. Two years of intensive study by the members of this committee finally brought forward a plan believed applicable to the needs of Florida. During this period the Journal of the Florida Medical Association carried frequent editorials explaining the details of the plan. Officers of the Association and members of the Medical Plan Committee toured the state on different occasions for the purpose of getting expressions from the membership. At last, after all the questionable features had been smoothed out, a proposed plan was presented and adopted by the Board of Governors in February 1946. It was approved at the annual meeting of the Association in Jacksonville in April 1946 and was put into operation Sept. 1, 1946.

In the fifteen months that your medical plan has been in operation, it has grown until now approximately 40,000 persons are protected by it. The public has been most enthusiastic in accepting it. There has been, unfortunately, one fly in the ointment and that is the slow acceptance of the adopted plans by the members of the Association. There are groups in some communities who have openly opposed it. The complaint principally has been due to fees allowed persons with incomes under $3,000. To these critics it has been explained, often without success, that the organization is just beginning and it has been advised that higher fees should not be paid without danger of bankrupting the corporation. It is up to the medical profession, therefore, to make the plan successful enough not only to increase the fees but to make broader medical coverage possible. Let every member assure its success by backing it personally.

Surely any of the plan's critics would prefer the Florida Medical Service Corporation to Wagner-Murray-Dingell compulsory state medicine. Remember this is your program and that the physicians and laymen whom you have appointed to supervise it welcome constructive criticism at all times. Only with your help can they succeed in their efforts. If you have not already signed a participating physicians' slip, do so today. If you have any complaints, let the officers have them. Be assured that they will give them most earnest consideration.

FEDERAL HEALTH WORKSHOPS

A timely series of editorials[1] appearing recently in the New York State Journal of Medicine directs attention to the propaganda device of "federal health workshops" sponsored by some six governmental agencies with a view to creating an artificial, federally stimulated public demand upon the Congress for enactment of compulsory health insurance. The editor cites House Report No. 786, 80th Congress, 1st Session July 2, 1947 as his authority and quotes the Committee on Expenditures in the Executive Departments as stating therein that in its opinion an increase from $27,770,000 to $75,000,000, or approximately 300 per cent, in federal expenditures for publicity and propaganda in a five year period (1941 to 1946) warrants inquiry by the Congress.

Following three planning meetings late in 1945, two federal health workshops were held in 1946, one at St. Paul, Minn., in February and one at Jamestown, N. D., in September. The investigating committee reported:

> All the evidence before your committee indicates that these health workshops were planned, conducted, and largely financed with Federal funds, by a key group on the Government pay roll, who used the workshop method of discussion subtly to generate public sentiment in behalf of what certain witnesses and authors of propaganda refer to as socialized medicine. It is evident from the record that most of the planning was done by Federal officials in Washington prior to each workshop conference and that each meeting was devoted to their own purposes—that of organizing pressure groups to agitate for compulsory health insurance, as then pending in Congress.

Well in advance of the Jamestown Health Workshop the invited delegates received "a packet of pamphlets published by the C.I.O., A.F.ofL., the Physicians' Forum (a propaganda agency for the Wagner-Murray-Dingell bill), and the government bureaus, in support of what certain witnesses and authors of propaganda refer to as socialized medicine." The "training program" launched at this meeting had as its objective the indoctrination of "a hand-picked group of leaders from the various local societies" in workshop procedure. In attendance were "98 persons . . ., 18 of whom were Federal employees, representing 7 Federal agencies . . . Apart from Federal personnel, there were no doctors of medicine in attendance at this meeting as delegates. The testimony before the committee indicated that no registered doctor of medicine was invited to participate."

Basing its reasons on the account of the Jamestown meeting, the investigating committee concluded:

> In the opinion of your committee, this recital presents the complete picture of Government propaganda in action. The Federal employees arrange the meeting, invite the delegates, train the delegates, preside at the meetings, and then frame the formal summary of resolutions and actions.
>
> And all of this is paid for with public moneys never authorized or approved by Congress for these or any like purposes.

Federal agencies "known to have participated" in this campaign propagandizing compulsory health insurance in 1946 under the subterfuge of "health workshops" are: "The United States Public Health Service; The Children's Bureau; The Office of Education; The United States Employment Service; The Department of Agriculture; Bureau of Research and Statistics in the Social Security Board." As noted in these enlightening editorials, it would appear that many individual physicians, and their county, state and national organizations as well, have been correct in their contention that "persons within the government were utilizing these quite respectable departments, bureaus and agencies to promote and foster a demand for socialized medicine which does not actually exist in the United States."

This alert editor opines that "the registered doctors of medicine in the State of New York will not overwhelmingly approve of the diversion of their tax dollars as well as those of their patients to the underhanded, sly, not to say illegal, purpose of creating, sustaining, and propagating support for compulsory health insurance . . ." Nor will the members of organized medicine in Florida and throughout the nation.

1. What Your Taxes Buy in Washington, editorials, New York State J. Med. 47:1863 (Sept. 1), 1975 (Sept. 15) and 2087 (Oct. 1) 1947.

"DOCTORS AND HORSES"

The health of the farm family is the subject of a timely brochure entitled "Doctors and Horses," issued recently by the Illinois State Medical Society and intended primarily for the laity of rural areas. That the country doctor, like the horse he rode, is fast disappearing from American farm communities is all too true. The fact remains that the doctor, unlike the horse, is a serious loss, for his absence is often a matter of life or death to the farm family. Somehow, the doctor's place must be kept filled. How can the

kindly heart, the unselfish service, the warm sympathy, the skilled fingers and the vast experience of the family doctor be replaced? Who is to do it?

In the booklet is outlined a sound program for raising the level of rural medical care and maintaining the health of America's farm families in accordance with modern standards of medical care. The four basic requirements are briefly and simply stated: plenty of properly trained physicians, say one for every 1,000 of population; plenty of nurses; plenty of hospital beds; adequate public health measures.

The task of attaining this rural medical utopia is less simple. Because medical training is long, difficult, expensive and rigorous, and because the practice of medicine, at best, is difficult, doctors in recent years have tended to originate in and also to settle down to practice in cities. Furthermore, the progress of medicine has resulted in a tremendous demand for medical care. The supply of country doctors has in consequence become smaller and smaller. The solution offered for this shortage is for these areas to find recruits within their own sturdy young man power. More of the brightest, strongest and best, mentally, morally and physicially must come from the rural areas to study medicine and to do it with the intention of returning to rural communities to practice.

This solution applies with equal force to nurses for rural areas. They must come from the farm community imbued with the idea of returning to serve their home communities.

Likewise, the initiative in the program for adequate hospital service for rural communities must be taken by local leaders. Adequate hospital facilities primarily provide care for sick people, but they also attract good doctors and nurses to the community. There is no finer example of self-reliant rural areas acting to help themselves, as indeed they must do if they are ever to have adequate health service, than a community hospital of 50 to 200 beds, fully staffed and equipped, supported and maintained by, and serving a sizable group of communities.

Rural community health problems include also health protection. Here, too, no matter what the state or county agency, or lack of it, there should be citizen participation, either to support an existing official agency or to substitute until one is established.

The formation of a health council, composed of a communitywide committee usually organized by the local medical society, is the suggested and obviously the logical initial step. Without partisan motive, such an agency could keep the country doctor from vanishing like the horse by taking the lead in supporting him with the personnel and facilities he needs. At the outset, parents, teachers, neighbors, friends must instil in their youth the desire to serve their own communities as doctors and nurses, and then open the way for them to do so.

PRACTICING PHYSICIANS FOR RURAL AREAS

The initiative in providing adequate medical service for rural areas must of necessity come primarily from interested groups within the individual areas. The boys and girls of American farming communities have a genuine, deep, personal, individual interest in community health. The choice is theirs to live and rear their children in a healthy environment, or to suffer and perhaps die miserably, according as they participate now in planning for their communities to take advantage of modern medical advantages. Largely from their number must come the physicians who will care for them and their children in the future.

The means are available for training the future physicians from rural areas who elect to return to such areas to practice. Numerous devices are at hand, if needed, in the form of loans, grants, scholarships and part time work. Many outstanding doctors of today had such assistance.

Various states are endeavoring to attract young physicians to rural areas. In the South, for example, Kentucky has created a scholarship fund through a campaign sponsored by the Kentucky State Medical Association and the University of Louisville School of Medicine, in which $150,000 was subscribed within a few months. From this fund loans for tuition are granted to students who agree to practice after graduation in Kentucky's rural areas. The program in Alabama provides for one $400 scholarship for each of the sixty-seven counties in the state. To be eligible for such a scholarship the student must first be admitted to the Medical College of Alabama. The aim is to stimulate the return of graduates to their local rural communities, but the recipient is required to make no commitment regarding the location of his subsequent practice of medicine.

In South Carolina, the house of representatives last May approved the establishment of fourteen scholarships at the state medical college. For a time equivalent to that for which he receives the scholarship the recipient must agree to practice in a rural community. In case of failure to carry out this agreement, he must repay the value of the scholarship, which is fixed at $550 a year. For similar scholarships the Mississippi state legislature in 1946 appropriated $300,000, with a maximum loan to students of $1,250. This state program has already elicited more than two hundred and fifty applications and inquiries. The ten scholarships of the University of Virginia Medical School for students who will practice in rural areas are now filled. They amount to $550 each, and the recipient must agree to practice in a rural area for as long as he held a scholarship.

SHORTENING THE LAG

The inevitable lag between the introduction of a well established procedure and its availability for the mass of physicians who must apply it in the care of the sick is a truly serious problem of world medicine. Graduate medical education is one important method by which this lag is shortened. At the present time in this country special effort is being made to provide general practitioners with detailed information concerning new and well established technics.

Recently, following a six months medical tour of North America, an Australian physician, Dr. Kempson Maddox, deplored this lag and other obstacles to professional progress in Australia in a report of his trip to his colleagues and advised these corrective measures:

> . . . we must have more and more exchange fellowships, post-graduate lecturers and guest physicians, must make more use of library facilities and visual aids, must establish more and more post-graduate facilities in the teaching hospitals, must send more lecturers to tour the country towns, must harass the representatives of the drug houses of the western world until we obtain better and more prompt supplies of modern therapeutic weapons. I advise every physician in Australia to subscribe to The Journal of the American Medical Association and to resolve to visit the United States at least once during the course of his professional career.

This commendation, while pleasing, emphasizes the responsibility of the American medical profession and its obligation to the world in this crucial period of international turmoil. It also serves to remind the busy physician of his good fortune when he has postgraduate courses readily available and now even brought to his very door ofttimes.

PREPARATION OF THE TUBERCULOUS PATIENT FOR THE SANATORIUM

The number of patients with tuberculosis who enter sanatoriums for treatment and leave against medical advice is distressingly high. It is a well known fact that as many as 30 or 40 per cent of patients admitted to tuberculosis hospitals leave against the advice of the attending physicians in these institutions. Florida is not alone in the large number who leave hospitals without permission. But the situation has become so acute that it is thought that something must be done toward impressing upon the patient the acute necessity of remaining in the sanatorium until his condition has become arrested. The private physician can be of untold benefit in preparing patients with tuberculosis for what they must expect to accept when they are admitted to the institutions. There are many factors which are responsible for the great fluctuation of the sanatorium population. Many leave institutions because of family or financial situations; some leave because of the unwillingness to abide by necessary hospital rules and regulations or because they do not accept the treatment recommended by the attending physician in the institution.

It is believed, however, that the vast majority of patients leave sanatoriums against medical advice because of the lack of preparation for the sanatorium by the attending physician, the public health nurse, or the social worker handling the case. The mistake is often made of telling the patient how long he can expect to be in the sanatorium. It is a great shock to the patient when he learns that he has tuberculosis, and he will do everything possible to urge his physician to commit himself as to how long hospitalization is necessary. Then if the physician does suggest a certain period of time and the patient must stay beyond this estimated time, he cannot understand why he is not permitted to return to his home. It would seem the wisest course would be for the physician to inform the patient that he should go to the sanatorium and remain as long as it is necessary to bring about an arrest of his disease as recommended by the hospital physicians.

If the patient leaves against medical advice while his is still an open case and returns to his home, he becomes a public health problem in that

he will expose the other household members to the disease. He will usually gradually get worse because of lack of care, and the expense of the first hospitalization has accomplished little if anything.

If the physician who advises sanatorium care will explain the importance of the need of hospitalization or isolation and will advise the patient to give in completely to the illness regardless of the time necessary to recover, it will be helpful in the care of the patient and lessen exposure to other people. It will bring about untold assistance to the harassed hospital personnel.

In too many instances patients who definitely have inactive disease are recommended for hospitalization. It would seem economical to the state and to the patient's social welfare if adequate studies such as tuberculin tests, sputum studies and serial roentgenograms were made before the patient is definitely admitted to the hospital in order to prove that the disease present is an active process requiring hospitalization.

REGIONAL MEETING OF AMERICAN COLLEGE OF PHYSICIANS HELD

A notable company of approximately one hundred and thirty internists from Alabama, Georgia, South Carolina and Florida gathered at the Floridan Hotel in Tampa on December 8 and 9, 1947 for the Southeastern Regional Meeting of the American College of Physicians. The members were especially honored by the presence of Dr. Hugh J. Morgan, President of the College, Professor of Medicine and head of the Department of Medicine at Vanderbilt University, Nashville, Tenn. On Monday night, December 8, Dr. Morgan was the guest speaker at the banquet, held at the Columbia, Tampa's famous Spanish restaurant, with Dr. T. Z. Cason of Jacksonville, Governor for Florida, acting as toastmaster.

Dr. Cason, in praising the essayists who presented seventeen papers during the two day session, commended the holding of regional rather than state meetings each year for this plan makes it possible to obtain outstanding medical leaders for the program. Distinguished physicians presenting the scientific program were Drs. David F. James, Department of Medicine, Emory University, Atlanta, Ga.; E. Sterling Nichol, Miami; Ashton Graybiel, Coordinator of Research, U. S. Naval School of Aviation Medicine and Research, Pensacola; Charles J. Donald, Jr., Birmingham, Ala.; George R. Wilkinson, Greenville, S. C.; Otto G. Wiedman, Hartford, Conn.; A. Carlton Ernstene, Cleveland Clinic, Cleveland; Henry M. Thomas, Jr., Associate Professor of Medicine, Johns Hopkins University School of Medicine, Baltimore; Howard M. Odel, Mayo Clinic, Rochester, Minn.; John W. Williams, Veterans Administration, Bay Pines; F. W. Cooper, Department of Surgery, Emory University, Atlanta, Ga.; Robert Wilson, Jr., Associate Professor of Medicine, Medical College of South Carolina, Charleston, S. C.; Harry T. Harper, Jr., Associate Professor of Medicine, University of Georgia School of Medicine, Augusta, Ga.; Karl B. Hanson, Jacksonville; H. Phillip Hampton, Tampa; William H. Riser, Jr., Associate Professor of Medicine, Medical College of Alabama, Birmingham, Ala.; and Emil M. Isberg, Miami.

Presiding at the sessions were Drs. E. Dice Lineberry, Governor for Alabama, Robert Wilson, Jr., Governor for South Carolina, and Dr. William C. Blake of Tampa. Dr. Blake served as general chairman of the meeting and was assisted in the arrangements by Drs. Kenneth G. Gould; George L. Cook and H. Phillip Hampton, all of Tampa.

Atlanta was chosen for the 1948 session. The Cuban delegation, Drs. Jose J. Centurion, Governor for Cuba, Angel Vieta, Felix Hurtado and Carlos F. Cardenas, all of Havana, extended an invitation to hold the next meeting in their city, but the regional College governors decided to determine at the Atlanta meeting if the members desire to hold the 1949 session in the Cuban capital.

The Florida members of the College voted to hold a dinner meeting in St. Augustine next April in connection with the annual session of the Florida Medical Association. Dr. Webster Merritt of Jacksonville was named chairman of arrangements for this meeting. He was also chosen to serve as program chairman for Florida for the 1948 regional meeting in Atlanta.

SOUTHERN MEDICAL ASSOCIATION MEETING, 1947

Fifty-six members of the Florida Medical Association were among the 4,600 persons who attended the Forty-First annual meeting of the Southern Medical Association which was held in Baltimore from Nov. 24 to 26, 1947.

Florida physicians who were speakers at the sectional meetings include Dr. Donald F. Marion of Miami who spoke on "The Practical Value of Liver Function Tests in Clinical Medicine;" Dr. Paul Kells of Miami, "Pyribenzamine As an Adjunct in the Control of Morphine Withdrawal Symptoms;" Dr. Warren W. Quillian of Coral Gables, "Pediatrics: Changing Concepts and Responsibilities in Practice;" Dr. Iva C. Youmans of Miami, "The Basal Metabolic Rate in Diagnosis;" Dr. Wesley W. Wilson of Tampa, "The Venereal Granulomas: A Comparative Study of These Diseases in Florida;" Dr. John W. Snyder of Miami, "Chronic Intestinal Intussusception in the Adult;" Dr. Robert B. McIver of Jacksonville, "Ureterocolostomy;" Dr. Claude G. Mentzer of Miami, "Certain Aspects of Pediatric Proctology;" Dr. Walter T. Hotchkiss of Miami Beach, "Deafness Due to Chronic Otitis Media Serosa."

The following are officers from Florida: Dr. William C. Thomas of Gainesville, Councilor; Dr. Donald F. Marion of Miami, Vice-Chairman, Section on Gastroenterology; Dr. Gerard Raap of Miami, Secretary, Section on Radiology; Dr. Joseph S. Stewart of Miami, Secretary, Section on Surgery; Dr. Charles J. Collins of Orlando, Vice-Chairman, Section on Gynecology; Dr. Shaler Richardson of Jacksonville, Chairman, Section on Ophthalmology and Otolaryngology; Dr. Ralph S. Sappenfield of Miami, Secretary, Section on Anesthesiology; Dr. George A. Dame of Jacksonville, Secretary, Section on Public Health.

Florida registrants were:

APOPKA: Thomas E. McBride. COCOA: Thomas C. Kenaston. CORAL GABLES: Warren W. Quillian. DAYTONA BEACH: J. Ralph Vallotton. FT. LAUDERDALE: Richard A. Mills. FT. MYERS: H. Quillian Jones. GAINESVILLE: Frank M. Hall, William C. Thomas. INVERNESS: William G. Mason. JACKSONVILLE: Alan Brown, Turner Z. Cason, George A. Dame, Frederick W. Krueger, Robert B. McIver, Shaler Richardson. LAKELAND: Jere W. Annis. LEESBURG: James M. Weaver.

MIAMI: James L. Anderson, Herbert Eichert, M. Jay Flipse, Robert M. Harris, Walter C. Jones, Paul Kells, Donald F. Marion, Claude G. Mentzer, John D. Milton, E. Sterling Nichol, Samuel W. Page, Jr., Gerard Raap, C. Frederic Roche, S. Marion Salley, Wiley M. Sams, John W. Snyder, Robert T. Spicer, Joseph S. Stewart, Corren P. Youmans, Iva C. Youmans. MIAMI BEACH: Jess V. Cohn, Walter T. Hotchkiss, Cayetano Panettiere. ORLANDO: Louis E. Pohlman.

PANAMA CITY: Amsie H. Lisenby. PENSACOLA: Arthur J. Butt, Jr. TAMPA: Chadbourne A. Andrews, Frank V. Chappel, Joshua C. Dickinson, Douglas D. Martin, Hugh E. Parsons, Joseph J. Ruskin, Mason Trupp, Wesley W. Wilson. WEST PALM BEACH: Thomas E. Daly, W. Wellington George, Frederick K. Herpel, David W. Martin, Edgar W. Stephens, Jr.

POSTGRADUATE COURSES IN MARCH

The Department of Medicine of the Graduate School of the University of Florida and the Committee on Medical Postgraduate Course of the Florida Medical Association will feature several postgraduate courses during the month of March. A two day course in operative and diagnostic surgery will be presented with the faculty on surgery, of which Dr. Edward Jelks is chief, giving the lectures and demonstrations at the Duval County Hospital in Jacksonville. Following immediately at the same place, with Dr. Webster Merritt in charge, the faculty on medicine will present a two day course in medicine. For both of these courses the classes will be limited to 25.

A one day course devoted to the use and interpretation of roentgen studies is also planned. Designed for the internist, surgeon and general practitioner instead of the roentgenologist, it will seek to promote wider knowledge of the indications for roentgen studies and to make clearer the roentgenologist's interpretation of these studies. It is believed that such a course, given from time to time, will promote closer cooperation between the roentgenologist and other specialists in a constructive, highly beneficial way. The number of registrants for this course is not limited. It will be presented by Dr. John A. Beals in Jacksonville.

An intensive course in genito-urinary surgery, presented by Dr. Robert B. McIver and his staff, will be given at Miami, Orlando, Tampa, St. Petersburg and Jacksonville. It will cover a period of several days in each city, and classes will be limited to 6.

The tuition fee for each of these courses will be nominal. A program giving the exact dates will soon be mailed to all members of the Association. Meanwhile, inquiry will be welcomed. The Graduate School and the Committee are pleased to announce the employment of a full time secretary, which greatly facilitates the prompt handling of all matters pertaining to these courses. For further information address Dr. T. Z. Cason, Chairman, 2033 Riverside Avenue, Jacksonville.

FOR SALE: Senn examining and treatment table, head rest, heel stirrups, leg holders, $25.00; Universal operating table with stainless steel top, complete with heel stirrups, leg holders, shoulder support and anesthetic screen, $50.00. Write 69-13, P. O. Box 1018, Jacksonville 1, Fla.

STATE BOARD OF HEALTH RELEASES

HEMOLYSIS—A STUDY OF ITS PREVENTION

Twenty per cent of the "out of town" blood specimens during summer months reported as hemolyzed! This observation obtained from a review of laboratory records of preceding years strongly impressed a new director with the importance of the problem of hemolysis in Florida. What could be done to prevent the waste of effort and source of annoyance? During the summer of 1946, a Board of Health refrigerator was installed in the Jacksonville post office. The laboratory specimens are placed in this immediately after sorting. This and other precautions reduced the proportion of hemolyzed specimens during 1946, but the problem remained. When told by the representative of a highly reputable manufacturer of medical supplies that hemolysis could be prevented, one listened with skepticism and asked for evidence. When the latter could not be produced, one asked "Why not?"

This was the setting for a small study during the months of June through September 1947. The manufacturers provided vacutainers, the use of which they believed would be effective in preventing hemolysis. Vacutainers are vacuum tubes with detachable needles. These were employed on alternate weeks by the clinics in ten health departments using the Jacksonville laboratory. During the other weeks, blood was drawn by syringe and sent in the usual stoppered tubes. These contained the control specimens. The schedules for using the vacutainers or other tubes in the different health departments were such that the two types of tubes were received in about the same total numbers each week. The findings as to significant hemolysis in these specimens are shown on the table.

Specimens	Vacutainers	Other Tubes
Total taken	3,023	3,511
No significant hemolysis	3,023	3,324
Hemolyzed, but could be examined	0	88
Hemolyzed, could not be examined	0	99

The data are clear-cut, but any attempted explanation of the findings would be a mere statement of opinion.

It is reasonable to assume that any vacuum tube would yield comparable results. The laboratory worker favors vacutainers, however; since the tubes are of a standard size and shape, they are easy to open, and there is no attached needle. In the physician's office there is no syringe to care for—just the needles to sterilize. The cost of the tubes is relatively low, but still high enough to prevent the Board of Health from supplying them routinely.

The use of vacutainers evidently does solve the problem of hemolysis. Certainly a wider trial of these containers can be strongly recommended. Illustrated leaflets showing just how vacutainers are constructed and used have been published. Any one of the State Laboratories will be glad to pass on this information. Through them these tubes are available also at the wholesale cost of large quantity purchases.

SEROLOGIC REPORTS

The results of serologic tests for syphilis are reported as "positive," "doubtful" or "negative." These terms have been recommended for general adoption by a National Conference on Serology and are used by almost all public health and medical laboratories. The full significance of such reports is clear only when the physician knows the procedures used by the laboratory reporting. Hence, the technics now used in the Laboratories of the Florida State Board of Health are stated briefly.

All blood specimens are routinely subjected to two serodiagnostic tests for syphilis, a sensitive microscopic slide test and a sensitive tube flocculation test. If the readings in both tests are clearly negative, the result of examination of the specimen is reported as negative. If the reactions in both are positive, a quantitative test is performed; if the reaction in this test is positive also, the result of the examination of the specimen is reported as positive in a specified titer.

If in the two initial tests or any two of the three tests the reaction is weak, the results are reported as doubtful. There is no uncertainty as to the nature of the reaction, but there often is doubt as to the clinical significance of the finding.

Specimens with significant serologic variation in findings by different tests are encountered. Here the reactions on the various tests are reported separately. Thus physicians submitting

specimens may receive a report reading Mazzini positive, Eagle doubtful and Kahn negative. The report on another person's serum tested on the same day might be Kahn positive, Eagle doubtful and Mazzini negative.

The complement fixation test is performed only in the Jacksonville laboratory. The use of this test for blood work is limited to problem cases where special serologic studies are indicated.

Cardiolipin, lecithin and cholesterol, chemicals of relatively constant composition, have been used in recent months in preparing a highly promising new antigen for use in serologic tests for syphilis. This cardiolipin test, as it is commonly called, is being used currently in the Jacksonville laboratory to aid in accumulating comparative findings.

In summary, therefore, the results of serologic tests as reported by a State Laboratory signify:

Positive—Consistently positive by the three tests employed.

Doubtful—A weak reaction on at least two and commonly three different tests.

Negative—clearly negative by two different tests.

With significant serologic discrepancies by different procedures the results of each test are reported. In such cases the findings by complement fixation will be reported from the Jacksonville laboratory.

Please remember that a serologic test giving positive results does not establish a diagnosis of syphilis, nor does a test giving negative results rule it out. The serologic findings are a part of the total evidence on which a diagnosis must be based. It is easy when clinical and laboratory findings are in agreement. Positive clinical findings with a laboratory report showing negative results, as in early syphilis, present no difficulty. A report of positive serologic reaction unconfirmed by clinical findings calls for caution and sound clinical judgment. Unquestionably in such cases the serologic test should be repeated, and repeated again in cases of doubt. It may seem discreet to treat, but there are those cases in which the accurate diagnosis is "a biologic false positive reaction."

RESERVE THESE DATES
APRIL 11, 12, 13, 14, 1948
FOR THE CONVENTION IN
ST. AUGUSTINE

PUBLIC RELATIONS

The first annual meeting of the Academy of Public Medicine will be held in St. Augustine at 2 p.m. on Wednesday, April 14, 1948. It follows the termination of the final session of the annual convention of the Florida Medical Association.

All members of the Association in good standing are also members of the Academy. The Officers and Directors of the Academy express the hope that those who attend the convention will all plan to be present at this meeting. It is particularly important that active members, who are entitled to vote and hold office, endeavor to remain for this first general convening. Directors for the year are to be elected from among the active membership; they in turn will immediately assemble to elect officers from among themselves.

The Board of Governors of the Association has designated who are the active members of the Academy. These active members have received official notification by letter from the President of the Academy, Dr. William C. Thomas of Gainesville. Currently the active membership list is composed of those functioning in the Association in the following capacities: officers, members of the Board of Governors and representatives to the House of Delegates.

To handle certain public relations activities for the Association, the Academy has inaugurated an initial program on a modest scale. The medical public relations for Florida can be broadened and improved through the suggestions and constructive criticisms offered by those members who have been selected to govern the Academy and establish policies upon which activities may be based.

At a special meeting held in Jacksonville on Nov. 20, 1947, the number of Directors of the Academy was increased from five to fifteen. This is the maximum number authorized by the By-Laws of the Academy. The present Directors, who will serve until the regular election at the annual meeting, are: Dr. William C. Thomas, President, Gainesville; Dr. Edward Jelks, Vice President, Jacksonville; Dr. Robert B. McIver, Vice President, Jacksonville; Dr. Shaler Richardson, Secretary-Treasurer, Jacksonville; Dr. James R. Boulware, Jr., Lakeland; Dr. C. Frank Chunn, Tampa; Dr. Grover C. Collins, Palatka; Dr. J. Maxey Dell, Jr., Gainesville; Dr. Robert

B. Harkness, Lake City; Dr. Frank W. Hewlett, Coral Gables; Dr. Frederick K. Herpel, West Palm Beach; Dr. Alvin L. Mills, St. Petersburg; Dr. Louis M. Orr, II, Orlando; Dr. Bricey M. Rhodes, Tallahassee; and Dr. Robert T. Spicer, Miami.

The Academy office has compiled a film catalog file for the use of members and county societies. Information is available on a wide variety of medical and health films. In addition, the Executive Committee of the Florida Medical Service Corporation has provided two sets of transcriptions of a speech made by Mr. Bernard M. Baruch at a celebration of progress of the New York United Medical and Associated Hospital Services on November 20. His address was entitled "Medical Care for the People of America." The recordings of this widely discussed talk are available to county societies and can be played on an ordinary phonograph.

STATE NEWS ITEMS

The New Orleans Graduate Medical Assembly, 1430 Tulane Ave., New Orleans, following its 1948 Assembly, is sponsoring a Post-Clinical Tour to Latin America. The party of physicians and their wives, traveling by Pan American Clipper, will leave New Orleans on Saturday, February 28, and will return Friday, March 12. During a four day stop in Merida, Yucatan, many places of medical and historical interest will be visited, including some of the best preserved ruins of the Mayan empire and civilization. At Guatemala City, Guatemala, a medical program will be presented, and sightseeing in various directions from that city is scheduled.

At the meeting of the Suwannee River Medical Society on Dec. 11, 1947 at the Suwannee Hotel in Live Oak, Dr. Webster Merritt of Jacksonville presented a paper on "Curable Heart Disease." Twenty-five members and guests attended, and Dr. Everett C. Crouch of Jasper presided.

A Florida physician was the recipient of one of the six Research Fellowships in Medicine awarded by the American College of Physicians for the year beginning in July 1948. Dr. Peritz Scheinberg of Miami, now Assistant Resident in Medicine in the Duke University Hospital, will conduct there an investigation of cerebral circulation and peripheral vascular flow in normal and hypertensive persons under the direction of Dr. Eugene A. Stead, Jr.

Dr. Fred S. Gachet of Lakeland was the principal speaker at a recent meeting of the Women's Auxiliary of the Polk County Medical Society which was held in Haines City. Dr. Gachet surveyed the various phases of the American Medical Association.

Dr. Stephen P. Gyland of Tampa was one of the speakers on the program of the recent Tampa Association of Life Underwriters' Fall Sales Congress.

At a dinner on Nov. 28, 1947 Dr. Eugene G. Peek and Dr. Harry F. Watt of Ocala were honored by the members of the Staff and the Board of Trustees of the Munroe Memorial Hospital. They received silver loving cups in recognition of their distinguished service, Dr. Peek for thirty-six years in the service of this institution and Dr. Watt for thirty-five years. Dr. Edward Jelks of Jacksonville, in presenting the cup to Dr. Peek, reviewed his outstanding contributions to organized medicine in the state and his many activities in civic and state organizations. The presentation of the cup to Dr. Watt was made by Dr. William C. Thomas of Gainesville, who recalled Dr. Watt's brilliant war record in World War I, his service as Ocala's health officer and his participation in medical and service organizations.

Following the dinner, Dr. Jelks presented a scientific paper in which he reviewed the many advances in abdominal surgery during the last three decades. In addition to Dr. Jelks and Dr. Thomas, other guests included Dr. Carl S. McLemore of Orlando and Dr. A. T. Kennedy of Jacksonville.

The award in the Mississippi Valley Medical Society 1948 Essay Contest is a cash prize of $100, a gold medal and a certificate of award for the best unpublished essay on any subject of general medical interest, including medical economics and education, and of practical value to the general practitioner of medicine. Further details may be obtained from the secretary of

this society. Dr. Harold Swanberg, 209-224 W. C. U. Building, Quincy, Ill.

Dr. Theodore J. Kaminski recently spoke before members of the Melbourne Kiwanis Club. He stressed the progress which has been made in the last 43 years in reducing the mortality resulting from tuberculosis.

Dr. Arthur L. Walters of Bethel, Maine now is associated with Mr. William Bingham, 2nd, the founder of the Bingham Associates Fund in Maine. The plan which originally was drawn to serve physicians in Maine is being extended to Massachusetts. Dr. Walters has retired from active practice in Miami Beach and will serve as a trustee of the Bingham Associates Fund.

Dr. I. Leo Fishbein has resumed practice at 420 Lincoln Road, Miami Beach, after his release from military service, graduate work in psychiatry at the Graduate School of Medicine of the University of Pennsylvania and at the Institute of Living (The Neuropsychiatric Institute of the Hartford Retreat) in Connecticut.

Eight members of the Florida Medical Association were registrants at the meeting of the Radiological Society of North America which was held in Boston from Nov. 30 to Dec. 5, 1947. Present were Drs. J. Maxey Dell, Jr., Gainesville; Orion O. Feaster, St. Petersburg; Chas. M. Gray, Tampa; Alfred G. Levin, Miami; John J. McGuire, Pensacola; Nathan L. Marcus, Tampa; Frazier J. Payton, Miami; Hugh G. Reaves, Sarasota.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Henry B. Dickens, Jr., Fernandina, announce the birth of a daughter, Barbara Jean.

Dr. and Mrs. Eugene G. McCarthy, Jacksonville, announce the birth of a son on Dec. 10, 1947.

Dr. and Mrs. John P. Turk, Jr., Miami, announce the birth of a son.

Dr. and Mrs. A. Judson Graves, Jacksonville, announce the birth of a son on Dec. 4, 1947.

DEATHS—MEMBERS

Dr. Nathaniel L. Spengler, Tampa	Nov. 28, 1947
Dr. Laura M. Bourne, Miami	Oct. 28, 1947
Dr. Walter A. Weed, Orlando	Dec. 2, 1947

DEATHS—OTHER DOCTORS

Dr. Edgar E. Strickland, Citra	Dec. 8, 1947

COMPONENT SOCIETY NOTES

COLUMBIA

Dr. Luther W. Holloway and Floyd K. Hurt of Jacksonville were guest speakers at the annual dinner meeting of the Columbia County Medical Society which was held on Dec. 19, 1947 in Lake City.

DADE

At the November meeting of the Dade County Medical Society, Dr. Isaac B. Cippes spoke on "The Tuberculous Suspect—Diagnosis, Management and Care Following a Large X-ray Survey." Discussion leaders were Dr. Gerard Raap and Dr. Seymour B. London, and also Dr. Clarence M. Sharp of Jacksonville. Mr. H. A. Schroder, Executive Director of the Florida Medical Service Corporation, spoke briefly on the organization's plans.

HILLSBOROUGH

Dr. J. D. Rives, Professor of Surgery of Louisiana State University in New Orleans, was the guest speaker at a special meeting in December of the Hillsborough County Medical Society. He spoke on "Mesenteric Vascular Occlusion." The paper was discussed by Dr. Irving M. Essrig and Dr. Larry Strugg, who were associated with Dr. Rives in the preparation of the paper.

MARION

At the December meeting of the Marion County Medical Society, Dr. George H. Putnam of Gainesville spoke on "The Prostate Patient of Today." Members present included Drs. Hugh H. Barfield, Carroll T. Bowen, Richard C. Cumming, T. Hartley Davis, Bertrand F. Drake, Henry L. Harrell, Eaton G. Lindner, Percy F. Lisk, Carl S. Lytle, John N. Moore, William J. McGovern, Robbins Nettles, Eugene G. Peek, Robert E. Thompson, Harry F. Watt.

PINELLAS

At the December meeting of the Pinellas County Medical Society members agreed to join with the Hillsborough County Medical Society in the entertainment of the Florida Medical Association at the Belleair Hotel in 1949. The business meeting was conducted by Dr. Albert R. Frederick, vice president.

Dr. Francis H. Langley introduced Dr. John P. Ferrell who spoke on "Prolapsed Redundant

Gastric Mucosa." A paper on "Surgical Treatment of Cataracts" by Dr. Orville N. Nelson was supplemented by motion pictures of operations performed by Dr. Nelson. An optical agency presented pictures of contact lenses.

PUTNAM

The public relations committee of the Putnam County Medical Society was approved at the December meeting and Dr. Bernard E. Kane of Crescent City was named as director of the committee.

Those present included Drs. Grover C. Collins, James W. Davidson, Edward W. Ford, Bernard E. Kane and Claude M. Knight.

GILBERT SEYMOUR OSINCUP

Dr. Gilbert S. Osincup of Orlando died on Nov. 19, 1947, at his home in the Amherst Apartments of cancer of the lungs. He was 53 years of age. Dr. Osincup was buried with full military honors in the Arlington National Cemetery.

The son of Dr. and Mrs. Charles Osincup, he was born on Jan. 17, 1894 in Cedar Rapids, Iowa. He was graduated from the University of Tennessee School of Medicine in 1916 and served an internship at Nursery Child's Hospital in New York City.

Dr. Osincup served with distinction in both World War I and World War II. During the first World War he was one of the first twenty United States physicians to volunteer for service with the British Army. As a member of the Indian Cavalry Regiment, he participated in the last horse-mounted cavalry activities in modern warfare. He also served with a British Infantry Regiment and the Royal Air Force. Dr. Osincup was honored by King George V of England personally as the first American medical officer to receive the British Military Cross.

On May 11, 1942 he returned to active service in the United States Public Health Service. Serving in the European and Middle Eastern theaters of operations, he was one of three American officers assigned to the British Occupational Forces in Greece. There in the spring of 1945 Dr. Osincup suffered a heart attack and was returned to the United States. He was retired from duty on April 1, 1946. He held the rank of lieutenant colonel.

In 1922, after having served with the United States Public Health Service, Dr. Osincup and his wife, the former Miss Katherine Murphy of Toronto whom he met in London during World War I, came to Orlando, where he practiced until his return to active duty. His practice was confined to pediatrics.

Dr. Osincup served as president of the Florida Medical Association in 1942, was a member of the Board of Governors and in 1946 a member of the Committee on State Controlled Medical Institutions. He also was a president of the Orange County Medical Society and had served as president of the medical staff of Orange Memorial Hospital where he had been chief of pediatric service for twenty years. He was one of the first pediatricians in the state to become a member of the American Academy of Pediatrics and was a fellow of the American Medical Association. He held membership in the Masonic Order and the Shrine and was affiliated with the Episcopal Church in Orlando.

Survivors include his widow, Mrs. Katherine Osincup, and a sister, Mrs. Deane Edwards of Kirkwood, Mo.

WALTER ALVA WEED

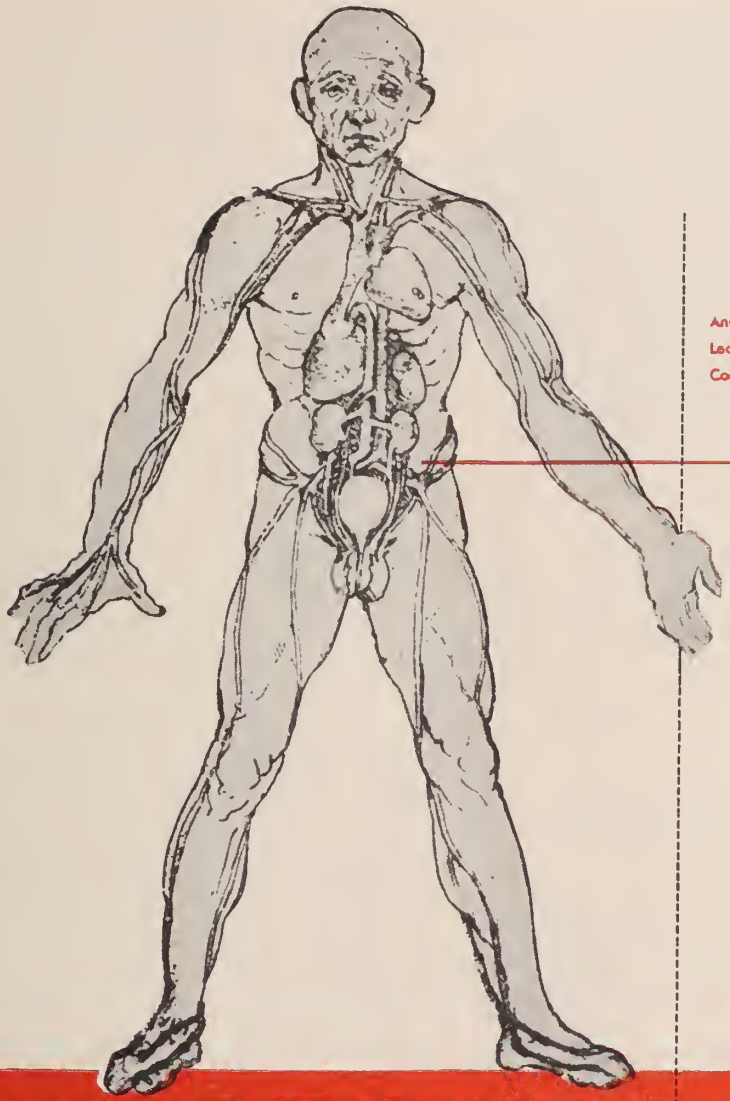
Dr. Walter A. Weed of Orlando died on Dec. 2, 1947 at Orange Memorial Hospital following a long illness. He was 63 years of age.

Dr. Weed was graduated from the Maryland Medical College in Baltimore in 1905. He served an internship in the Franklin Square Hospital in Baltimore. He later completed postgraduate work in London, Vienna and New York. During World War I, Dr. Weed served overseas as a first lieutenant in the Medical Corps of the Army.

After practicing in Birmingham, Ala., he moved to Lakeland in 1925, where he practiced until 1934. For the past thirteen years he has been a radiologist in Orlando.

As a member of the Florida Medical Association, Dr. Weed served at various times on the Committee on Medical Education and Hospitals and the Committee on Cancer Control and also as a Councilor in 1932. He was a member of the American Medical Association, the American College of Radiologists and the Orange County Medical Society. He held membership in the University Club and was affiliated with the Episcopal Church in Orlando.

Survivors include his widow, Mrs. Madge Weed, a daughter, Miss Nell Weed, of Lakeland and a brother, O. K. Weed, of Ariton, Ala.



Anatomic drawing by
Leonardo da Vinci—
Courtesy, The Bettmann Archive.

Leonardo da Vinci (1452-1519)

was well ahead of his time, for physicians of his day knew little of the function of the heart or the treatment of its diseases, although da Vinci's knowledge of such anatomy was extensive.

Physicians of today prescribe

SEARLE **AMINOPHYLLIN***

—a modern treatment for congestive heart failure, bronchial asthma, paroxysmal dyspnea and Cheyne-Stokes respiration.

Supplied for oral, parenteral and rectal use.

G. D. Searle & Co., Chicago 80, Illinois.

*Searle Aminophyllin contains at least 80% of anhydrous theophylline.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

SEARLE

RESEARCH
IN THE SERVICE
OF MEDICINE



OBJECT:
DRAINAGE

In discussing the management of chronic cholecystitis without stones, Albrecht states:

"The object of the medical procedure is to assist in draining an infected organ."*

The specific hydrocholeretic action of Decholin (chemically pure dehydrocholic acid) accomplishes this purpose.

Decholin induces bile secretion which is thin and copious, flushing the passages from the liver to the sphincter of Oddi, and carrying away infectious and other accumulated material.

HOW SUPPLIED: Decholin in 3¾ gr. tablets. Packages of 25, 100, 500 and 1000.

*Albrecht, F. K.: Modern Management in Clinical Medicine, Baltimore, The Williams and Wilkins Co., 1946, p. 170.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Decholin
BRAND · REG. U. S. PAT. OFF.

AMES COMPANY, INC.
ELKHART, INDIANA

CORRESPONDENCE

ELIGIBILITY FOR FLORIDA MEDICAL EXAMINATIONS

December 28, 1947

To the Editor:

There seems to be confusion in the minds many of the members of the Association with the procedure whereby graduates of unacceptable medical schools of the United States and Canada and of foreign medical schools may qualify for the Florida Medical Examinations and the reasons for the modifications of the requirements recently made by the State Board of Medical Examiners of Florida. It should be understood at the outset that the American Medical Association inspects only the medical schools of the United States and Canada and that, in consequence, in addition to the schools inspected but not approved, all other medical schools are unapproved.

For many years the only means by which graduates of unacceptable and foreign medical schools could qualify was by taking and receiving credit for the senior year's work in an acceptable medical school. Then it transpired that toward the latter part of World War II these graduates were commissioned in the Medical Corps of the Armed forces and served with distinction. Upon termination of hostilities, this Board received many applications for licensure from such physicians. In addition, the crowded condition of medical schools made it almost impossible for any physician to be accepted for advanced teaching. Deans of medical schools frankly admitted that their policy was to fill their classes with residents of their respective states and to accept nonresidents, if they could be accommodated, only after all such students had been received. It was recently stated in the public press that of of 7,700 medical students in the United States only 100 are from Florida.

This Board recognized the need to aid ex-service physicians. Meanwhile, the American Medical Association had relaxed its regulations and determined not to penalize approved hospitals accepting for training ex-service physicians who were graduates of unapproved and foreign schools. With the approval of the Florida Medical Association, as attested in the minutes of the meeting

of the Board of Governors held on Sept. 1, 1945, at a conference in Tallahassee with Governor Millard F. Caldwell the rule was modified to permit any physician serving one year's approved residency or fellowship to qualify for the examinations. There of course could be no selective regulation; a rule must apply to all.

Immediately there arose the necessity to define "residency" and "assistant residency," for these designations are used almost interchangeably in various hospitals. At the meeting of this Board in November 1945, the rule was modified to make acceptable one year of assistant residency, provided it was preceded by one year of internship, both of which were approved.

The problem of the specialist in Public Health then arose, since there is no advanced training or residency in that branch (see the Journal of the American Medical Association, Aug. 16, 1947, page 1335). The rule was again modified so that the degree of Master of Public Health from an acceptable school would fulfil the requirement.

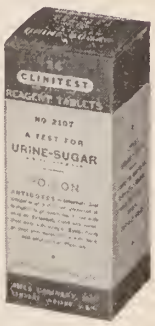
As the rule now stands, to qualify for the examinations an applicant must hold, in addition to a Certificate of Proficiency from the Florida Board of Examiners in the Basic Sciences, a diploma from an acceptable medical school of the United States or Canada. In lieu of a diploma from an accepted school, graduates of unacceptable or foreign medical schools must, in addition to holding a medical diploma, (1) satisfactorily complete the senior year's work in an acceptable medical school of the United States or Canada, or (2) hold the degree of Master of Public Health from an acceptable school, or (3) satisfactorily serve one year of approved residency or fellowship, or (4) serve one year of approved assistant residency preceded by one year of approved internship. The Board has not modified the rule since June 1946.

Yours sincerely,
(Signed) Harold D. Van Schaick, M.D.
Secretary, State Board of Medical Examiners
Approved:
(Signed) Robert G. Nelson, M.D.
President of the Board
(Signed) Homer L. Pearson, M.D.
Vice President of the Board

For simple diagnosis of...

URINE-SUGAR

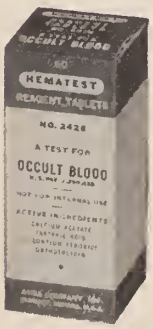
CLINITEST
TABLET NO-HEATING METHOD



SIMPLE AND SPEEDY

Drop one Clinitest Tablet in indicated amount of diluted urine—watch for reaction—compare with color scale.

OCCULT BLOOD



HEMATEST
TABLET METHOD

SIMPLE TECHNIC

Place one drop of specimen solution or suspension on filter paper. Set Hematest Tablet in center of moist area and allow 2 drops water to trickle down from top of tablet to paper. Color reaction on paper denotes presence of blood.

Full information on request.

AMES COMPANY, INC.
ELKHART, INDIANA

WOMAN'S AUXILIARY
TO THE
FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. L. M. JENKINS, President.....*Miami*

MRS. L. E. PARMLEY, President-elect.....*Winter Haven*

MRS. C. F. HENLEY, Vice Pres.....*Jacksonville*

MRS. C. D. ROLLINS, Secy.-Treas.....*Jacksonville*

MRS. W. L. TILLIS, Corresponding Secy.....*Lakeland*

MRS. P. J. MANSON, Historian.....*Miami*

MRS. R. G. LEWIS, Parliamentarian.....*West Palm Beach*

THE ELEVENTH ANNUAL MEETING OF THE NEW ORLEANS GRADUATE MEDICAL ASSEMBLY
February 23-26, 1948

GUEST SPEAKERS

Dr. Louis A. Brunsting, Rochester Dermatology	Dr. Walter P. Blount, Milwaukee Orthopedic Surgery
Dr. Henry L. Bockus, Philadelphia Gastro-enterology	Dr. W. Wallace Morrison, New York Otolaryngology
Dr. Norman F. Miller, Ann Arbor Gynecology	Dr. E. T. Bell, Minneapolis Pathology
Dr. Arthur Grollman, Dallas Medicine	Dr. Arild E. Hansen, Galveston Pediatrics
Dr. Samuel A. Levine, Boston Medicine	Dr. Fred J. Hodges, Ann Arbor Radiology
Dr. Loyal Davis, Chicago Neuropsychiatry	Dr. Claude S. Beck, Cleveland Surgery
Dr. Willard R. Cooke, Galveston Obstetrics	Dr. George T. Pack, New York Surgery
Dr. R. Townley Paton, New York Ophthalmology	Dr. Roger W. Barnes, Los Angeles Urology

AND THE BIKINI EXHIBIT "MEDICINE AT OPERATION CROSSROADS" WITH
Capt. R. H. Draeger (MC), USN
Lt. Comdr. E. P. Cronkite (MC), USN
Lt. (jg.) F. W. Ullrich (MC), USNR

Lectures, clinics, symposium, clinico-pathologic conferences, round-table luncheons and technical exhibits

All-inclusive registration fee—$15.00

For information write Secretary, Room 105, 1430 Tulane Avenue, New Orleans 13, Louisiana

Conference Headquarters—Municipal Auditorium

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Intensive Course in Surgical Technique, Two Weeks, starting February 16, March 15, April 12.
Surgical Technique, Surgical Anatomy & Clinical Surgery, Four Weeks, starting March 1, March 29, April 26.
Surgical Anatomy & Clinical Surgery, Two Weeks, starting February 16, March 15, April 12.
Surgery of Colon & Rectum, One Week, starting March 8, April 26.
Surgical Pathology every Two Weeks.

FRACTURES & TRAUMATIC SURGERY—Intensive Course, Two Weeks, starting June 7.

GYNECOLOGY—Intensive Course, Two Weeks, starting February 23, March 29.
Personal Course in Vaginal Surgery starting March 22, April 19.

OBSTETRICS—Intensive Course, Two Weeks, starting March 15, April 12.

MEDICINE—Intensive Course, Two Weeks, starting April 26.
Personal Course in Gastroscopy, Two Weeks, starting March 29, April 19.
Electrocardiography & Heart Disease, Four Weeks, starting February 16, May 3.

CYSTOSCOPY—Ten Day Course starting March 1, March 15, March 29.

DERMATOLOGY—Formal Course, Two Weeks, starting April 26.
Clinical Course every Two Weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital
Address:
Registrar, 427 South Honore Street, Chicago 12, Illinois

"Everything in Funeral Arrangements"

AUTOPSY FACILITIES
for the attending physician.
1. Free use of Complete autopsy kit
2. Free use of Preparation Room

Ambulances at Both Centers

N.E. 54th St. at Biscayne Blvd. —7-5711

N.E. 150th St. at West Dixie Highway—9-9702

MORTUARIES
CREMATORY
CHAPELS

DAVID LITHGOW FUNERAL Centers

Member: AFDS, CAA NFDA & FLA. FDA

Phone 7-5711

MIAMI ★ Biscayne Boulevard at 54 St.

The Brown Schools
INC.

FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas

facts about

Formulac



What is Formulac Infant Food? It is a concentrated milk containing *all the vitamins and minerals* a normal, growing baby is known to need. Incorporating the vitamins *into the milk itself* lessens the risk of error in supplementary administration.

Formulac contains vitamins of the B complex, Vitamin C in stabilized form, Vitamin D (800 U.S.P. units), copper, manganese, and easily assimilated ferric lactate. No carbohydrate has been added.

Formulac is in convenient liquid form, for easy preparation. The addition of carbohydrate—in the type and amount the individual child needs—creates a complete infant diet. Formulac is used successfully both in normal and in difficult feeding cases.

Formulac has been clinically tested and proved. It is promoted ethically. A product of National Dairy Research, it is available at grocery and drug stores everywhere, priced within range of even low budgets.

• For further information about FORMULAC, drop a card to National Dairy Products Company, Inc., 230 Park Avenue, New York 17, N. Y.



DISTRIBUTED BY KRAFT FOODS COMPANY

NATIONAL DAIRY PRODUCTS COMPANY, INC.
NEW YORK, N. Y.

Medical Advertisement



From where I sit
by Joe Marsh

We All Need Fun!

Nobody in Our Town is exactly lazy (even though Pete Swanson's missus claims that he sleeps till seven A.M.). But by far the hardest working man of all is Doctor Hollister—on call, morning, noon and night.

Funny thing, Hollister's favorite prescription to his patients is: You ought to have more fun. The pace of modern living, even on the farm, demands some relaxation.

And as he says—fun is a personal thing. For the missus it may mean a movie or a good book; for Dad, a mellow and refreshing glass of beer; and for the kids, parcheesi or the radio. Doesn't mean everybody has to like the same thing—so long as they relax, have fun, together, in the home.

Doctor Hollister doesn't have much time himself. After a hard day, he'll relax before the fire with a mellow glass of beer—and wait for the phone to ring again. And from where I sit, he deserves each and every well-earned minute of that relaxation.

Joe Marsh

Copyright, 1947, United States Brewers Foundation

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	$8.00 Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	$16.00 Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	$24.00 Quarterly
$20,000.00 accidental death $100.00 weekly indemnity accident and sickness	$32.00 Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS

$14,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA



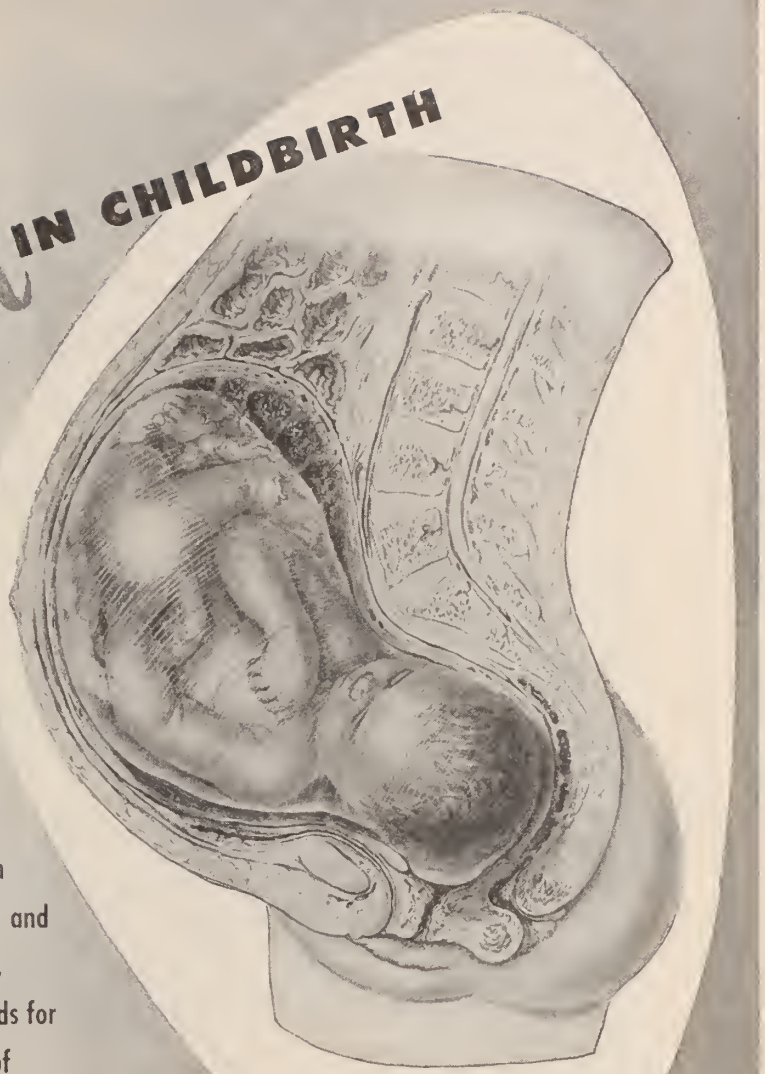
BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

Pain RELIEF IN CHILDBIRTH



One of the Simplest, Safest and Most Satisfactory Methods

Careful consideration of all the methods advocated for the relief of pain during childbirth leads to the conclusion that local infiltration anesthesia combined with Demerol and scopolamine is one of the simplest, safest and most satisfactory methods for the average woman in the hands of the average practitioner.
For detailed discussion, see
Alfred C. Beck: Obstetrical Practice.
Baltimore, Williams and Wilkins Co.,
4th ed., 1947, page 403.

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

WINTHROP-STEARNS

DEMEROL® HYDROCHLORIDE
Profound Analgesia Usually Without Respiratory Depression
Warning: May be habit forming.
Narcotic blank required.

NOVOCAIN®
Dependable Local Anesthesia

DEMEROL and NOVOCAIN, trademarks reg. U. S. & Canada, brand of meperidine and procaine hydrochloride, respectively.

The businesses formerly conducted by Winthrop Chemical Company, Inc. and Frederick Stearns & Company are now owned by Winthrop-Stearns Inc.



*"In the rapidly growing infant, as much as one third of the protein of the food may be retained for building new tissues."**

ACCEPTED
COUNCIL ON FOODS AND NUTRITION
AMERICAN MEDICAL ASSOCIATION



• Nutritional authorities warn that "the possibility of protein deficiency in the diets of children has received some, but insufficient, attention" . . . and that children "with normal values are the exception rather than the rule."**

• Many progressive pediatricians, in prescribing formulas, standardize on the high-protein infant food, DRYCO—since it represents such a rich source of *all* the essential amino acids. DRYCO is also characterized by a high-mineral, low-fat and intermediate carbohydrate content—with more than adequate vitamins A, B_1, B_2 and D. It is quickly soluble in cold or warm water, and may be used with or without added carbohydrates. Special processing facilitates digestion by assuring soft curd formation in the stomach.

*BOGERT, L. J.: *Nutrition and Physical Fitness, 4th edition, 1943, Chapter IX, p. 22.*

**A.M.A.: *Handbook of Nutrition, 1943, p. 360.*

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N. Y.

DRYCO is made from spray-dried, pasteurized, superior quality whole milk and skim milk. Provides 2500 U. S. P. units Vitamin A and 400 U. S. P. units Vitamin D per reconstituted quart. Supplies 31½ calories per tablespoon. Available at all drug stores in 1 and 2½ lb. cans.

DRYCO

the "Custom Formula" high protein infant food

In behalf of the medical profession

. . . the message reproduced below will appear in LIFE and other national magazines, reaching more than 23 million people.

A reproduction in full color will be sent on request. Write Parke, Davis & Company, Detroit 32, Michigan.

Some things you should know about the common cold

No. 209 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



Most people in the United States and Canada have two or more colds a year, each lasting about two weeks and causing a considerable amount of stuffy discomfort.

The danger of the common cold lies mainly in the other infections that may follow after it. For a cold lessens your resistance, and is likely to pave the way for other, more serious, respiratory ailments.

Sinusitus, ear infections, bronchitis, and the various forms of pneumonia are frequently ushered in by a cold. Pneumonia, particularly, is likely to attack a person who is overtired, or run-down because of a severe cold.

True, many of these respiratory diseases are not as dangerous as they used to be. (Modern infection-fighting drugs—such as penicillin and the sulpha drugs—offer highly effective treatment for many cases.)

But, of course, it is always better to *prevent* a serious illness whenever possible.

If you have a cold, it's just good sense to stay away from people, to avoid spreading the infection; and to get plenty of rest—in bed if possible.

If your cold is accompanied by fever, a persistent cough, or a pain in the chest, face, or ear, call your doctor at once.

The sooner you seek his help, the more he can do to help you avoid a long and serious illness.

And, in the case of children, an early examination may disclose that what appears to be only a cold may instead be a starting symptom of an entirely different disease, such as measles or scarlet fever.

See Your Doctor. Never try the foolhardy experiment of dosing yourself. Your doctor's treatment of one illness may be quite different from his treatment of another illness which appears the same to you.

Let your doctor diagnose your ailments. Let him decide what treatment is best for your particular case. Then follow his instructions to the letter. His advice is the only advice you should take on any question that concerns your health.

Makers of medicines prescribed by physicians

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories, Detroit 32, Mich.

COPYRIGHT 1948, PARKE, DAVIS & CO.

Pure..
Wholesome..
Refreshing



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

The pause that refreshes

middle age + a "sense of well-being"

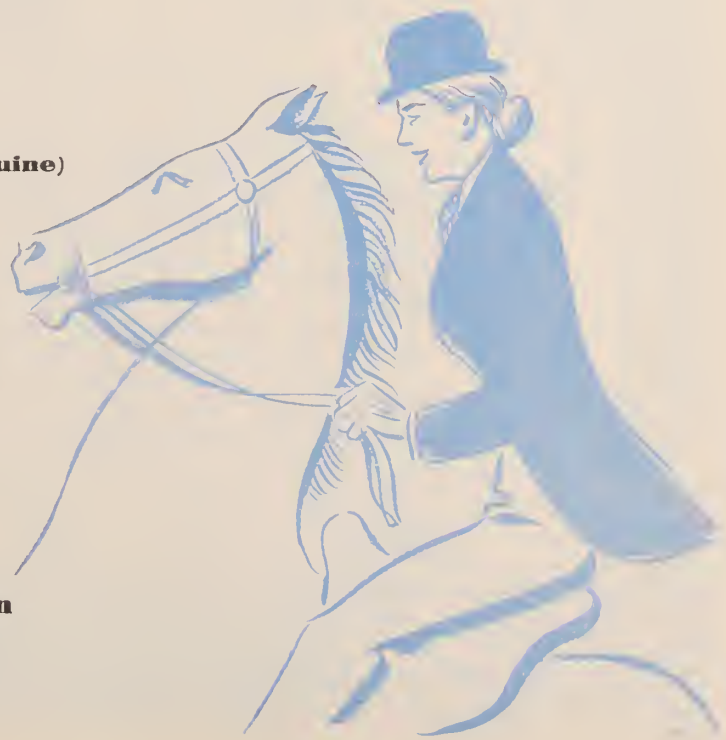
A gratifying "sense of well-being" is the experience most often reported to clinical investigators by menopausal patients receiving ***"Premarin."*** *This is the "plus" usually afforded by this naturally occurring, orally active estrogen.*

Flexibility of dosage for adaptation of oral estrogenic therapy to the particular needs of the patient is possible with the three potencies of ***"Premarin."***

Tablets are available in 2.5 mg., 1.25 mg. and 0.625 mg.; also liquid containing 0.625 mg. in each 4 cc. (1 teaspoonful).

While sodium estrone sulfate is the principal estrogen in ***"Premarin,"*** *other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are probably also present in varying amounts as water soluble conjugates.*

CONJUGATED ESTROGENS (equine)



"PREMARIN"®

Ayerst, McKenna & Harrison Limited

22 East 40th St., New York 16, N. Y.



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

Commercial and
Publication
Printing

BERGER and BEEBE LOUPES
for comfortable, accurate magnification

BERGER LOUPE



A lightweight, compact unit, the Berger Loupe possesses many desirable advantages. Simple adjustment features enable it to be fitted snugly yet comfortably to the facial contour, assure correct setting for individual PD requirements. Even when worn over glasses, it eliminates outside light interference.

Constructed of durable aluminum finished in japanned black, the Berger Loupe is fitted with sphero prism lenses set at the proper angle. Housing louvers afford ample ventilation.

Magnification of 2.5X. Produced to meet the most precise ophthalmic requirements.

BEEBE LOUPE



For those who have occasional need of magnified vision the AO Beebe Loupe answers the purpose conveniently, economically.

It consists of a comfortable cable temple frame with cells for corrective lenses. Easily adjustable in angle of convergence, the Beebe Loupe is especially effective in performing close work.

Magnifies 2 times. Need not be removed to observe other than examination objects.

Consult your nearest AO Branch Laboratory

American Optical COMPANY

The EDGEWOOD . . .



A Distinctive Southern Sanitarium Fully Equipped for Complete Diagnosis and Treatment of Nervous and Mental Disorders . . . in An Atmosphere of Congenial Friendliness and Quiet Charm.

The Edgewood offers all approved therapeutic aids; complete bath departments; supervised individual physical rehabilitation programs. Living accommodations are private and comfortable. Recreational facilities excellent. Full time psychiatrists and adequate nurses and psychiatric aides assure individual care and treatment. More detailed information on request.

Psychiatrist-In-Charge ORIN R. YOST, M.D.

AIKEN *The* EDGEWOOD SOUTH CAROLINA

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

. . . Reservations Necessary, Elevation 1,200 Feet

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.
Willis T. McCurdy, M.D., Attending Physician
J. Rufus Evans, M.D., Attending Physician
Elizabeth Hancock, Psycho-Therapist
Eighty-five Consulting Physicians

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

We do not treat acute alcoholic intoxication or narcotic addiction

NO BETTER PRODUCT AVAILABLE



ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Laboratory studies on sperm-immobilizing power and clinical studies on occlusive action and safety establish that "RAMSES"* Vaginal Jelly affords the optimum protection that a jelly alone can provide. For example.

- It will immobilize sperm in the fastest time recognizable under the Brown and Gamble method.
- It will occlude the cervix for as long as 10 hours after coitus.
- It will not liquefy or run at body temperature.
- It does not separate.
- It is nonirritating and nontoxic.

For optimum protection when dependence must be placed on jelly alone, specify "RAMSES" Vaginal Jelly.

Active Ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

JULIUS SCHMID, Inc.
423 West 55th Street, NewYork 19, N.Y.

TRADE MARK REG. U.S. PAT. OFF. Ramses DEPENDABILITY

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye

Fellow of the American Psychiatric Association

J. K. ATTWOOD, Pharmacist

Medical Arts Building

1022 Park Street

JACKSONVILLE 4, FLORIDA

BIOLIGICALS **TEST SOLUTIONS**

STAINS (MICROSCOPIC)

PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET

JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767



"B. Spacious Grounds of Miami Medical Center. Chateau in Background.

Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.

MIAMI RETREAT SANATORIUM

FOUNDED 1927

For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites

79TH STREET AT MIAMI AVENUE

MIAMI 38, FLORIDA

Phone 7-1824

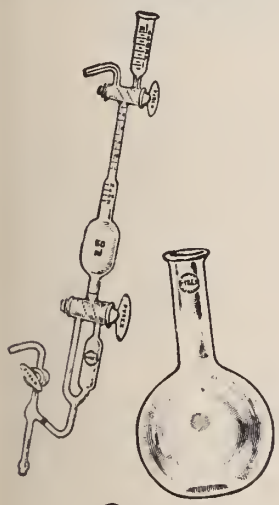
NOW... *when you want*



T.M. REG. PYREX U.S. PAT. OFF. **PYREX** BRAND

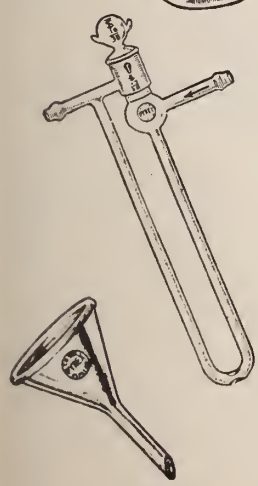
LABORATORY GLASSWARE

call the Byron Thompson Man



YES, Byron Thompson has just been appointed a Florida Distributor for the best line of laboratory glassware of them all — Pyrex Brand. Pyrex, as you know, is a product of Corning Research in Glass. Each piece has carefully been developed and evolved by scientists for scientifically accurate work in the laboratory.

Pyrex Brand Laboratory Ware can be obtained in almost any shape and size to suit almost any laboratory requirements in physical and chemical characteristics. In the margin of this ad are just a few of the shapes available. These selections were made to show the wide choice that is yours — from simple beakers and flasks to really complicated examples of the glassblower's art. So for the best in laboratory ware, you can now CALL THE BYRON THOMPSON MAN!





To make sure that we can fill all standard orders for Pyrex Brand Laboratory Ware, a solid carload is now on order for BYRON THOMPSON!

Byron Thompson & Company

INCORPORATED

ESSENTIALS FOR SCIENTIFIC PROGRESS

DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE · MIAMI · ORLANDO

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

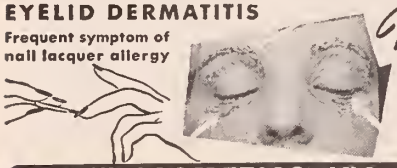
MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

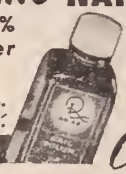
EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY AR-EX *Cosmetics*

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)

THOSE
Important
EXTRAS



When you use our laboratories to fill your prescriptions, you receive extra advantages. We use the finest materials—Bausch & Lomb leadership quality. At every phase of our modern finishing process, your work is inspected to meet our rigid control standards. The final product—your patients' eyewear—must be worthy of your reputation—and ours.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of
BAUSCH & LOMB PRODUCTS

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
orida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 1948
orida Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
A-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Live Oak, 1948
B-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	Daytona Beach, 1948
C-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Bradenton-Sarasota, 1948
D-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	West Palm Beach, 1948
nerican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Chicago, June 21-25, 1948
uthern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
abama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Mobile, Apr. 15, 16, 17, 1948
eorgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Atlanta, Apr. 27-30, 1948
orida—			
Academy of Medicine	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
Basic Science Exam. Board	Paul A. Vestal, Winter Park	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 23-June 5, '48
Dental Society, State	Horace L. Cartee, D.D.S., Miami	John I. Todd, D.D.S., Jacksonville	Hollywood, Dec. 12-15, 1948
Derm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
Health Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
Hospital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Industrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, June 29-30, 1948
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 28-July 3, '48
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	St. Augustine, Apr. 14, 1948
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Helen Shearston, Miami	West Palm Beach, Fall, 1948
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
Pharmaceutical Association, State	Mr. A. B. Ware, Branford	Mr. R. Q. Richards, Ft. Myers	Jacksonville, Apr. 27-29, 1948
Public Health Association	Wilson T. Sowder, Jacksonville	Mr. Fred B. Ragland, Jacksonville	Panama City, Oct. 7-9, 1948
Radiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
Woman's Auxiliary	Mrs. L. M. Jenkins, Miami	Mrs. C. D. Rollins, Jacksonville	St. Augustine, 1948
E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
outheastern Allergy Assn.	J. Warrick Thomas, Richmond, Va.	Kath. B. MacInnis, Columbia, S. C.	
outheastern, Am. College Phys.	Webster Merritt, Jacksonville	Florida Program Chairman	Atlanta, 1948
outheastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Hollywood, Apr. 5-8, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Hon.**	MEMBERS Regular	COUNCILOR
A	Bay	William C. Roberts, M.D. 348 Cove Blvd. Panama City	Russell T. Stewart, M.D. Panama City		0	13	
	Escambia *Santa Rosa	Joe I. Turberville, M.D. Century	Nathan S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	0	57	
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	0	6	A-1-48 Wm. C. Roberts, M.D. Panama City
	Jackson *Calhoun	Courtland D. Whitaker, M.D. Burton Bldg. Marianna	Francis M. Watson, M.D. 120 Deering St. Marianna	3rd Thursday 7:30 P.M.	0	14	
	Walton-Okaloosa	Ralph B. Spires, M.D. DeFuniak Springs	Arthur G. Williams, Sr. Lakewood	3rd Thursday 8:00 P.M.	0	10	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Chipley		0	5	
B	Columbia *Baker-Hamilton	W. M. Ives, M.D. 20 W. Madison St. Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	0	13	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	Taylor W. Griffin, M.D. Quincy	Edward C. Love, Jr., M.D. Masonic Temple Bldg. Quincy	Quarterly 7:30 P.M.	0	42	A-2-49 Irby H. Black, M.D. Live Oak
	Madison-Suwannee	C. LeRoy Adams, Jr., M.D. Parshley Bldg. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		1	8	173
	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	0	4	
	Alachua *Bradford, Gilchrist Union	J. Maxey Dell, Jr., M.D. 331 W. Main St., S. Gainesville	F. Emory Bell, M.D. Box 400 Gainesville	2nd Tuesday 8:00 P.M.	1	31	
	Duval *Clay	John A. Beals, M.D. 1900 Boulevard Jacksonville	Elmer E. Leitner, M.D. 33 W. Ashley St. Jacksonville	1st Tuesday 8:15 P.M.	2	230	
	Marion *Levy	Hugh H. Barfield, M.D. 1317 S. Orange St. Ocala	Bertrand F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	1	31	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
	Nassau	David G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	0	7	
	Putnam	Allen P. Gurganious, M.D. Box 689 Palatka	James W. Davidson, M.D. 6 S. Main St. Crescent City	2nd Tuesday 6:00 P.M.	0	9	
	St. Johns	Hardgrove S. Norris, M.D. 168 Marine St. St. Augustine	S. Raymond Cafaro, M.D. Exchange Bank Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	1	15	
C	Brevard	I. Kimbell Hicks, M. D. Melbourne	Theodore J. Kaminski, M.D. Box 576 Melbourne	2nd Tuesday	0	14	
	Lake *Sumter	Howard G. Holland, M.D. 1112 W. Main St., Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	0	19	B-4-49 Rabun H. Willams, M.D. Eustis
	Orange *Osceola	Rollin D. Thompson, M.D. Box 3513 Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	4	118	
	Seminole	Harry Z. Silsby, M.D. Box 642 Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	0	11	
	Volusia *Flagler	Charles E. Tribble, M.D. DeLand	Robert L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	1	48	543
	Hillsborough	Douglas D. Martin, M.D. 442 W. Lafayette St. Tampa	Herschel G. Cole, M.D. 315 Wallace S. Bldg. Tampa	1st Tuesday 8:00 P.M.	0	141	
	Manatee	Millard P. Quillian, M.D. Walcaid Bldg. Bradenton	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	3rd Tuesday 7:00 P.M.	0	16	C-5-49 John M. Butcher, M.D. Sarasota
	Pasco-Hernando-Citrus	William G. Mason, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	0	14	
	Pinellas	M. Eldridge Black, M.D. 311 Coachman Bldg. Clearwater	Whitman C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg	1st and 3rd Thursdays 6:30 P.M.	4	144	
	Sarasota	John M. Butcher, M.D. 209 Commercial Ct. Sarasota	Talmadge S. Thompson, M.D. Box 224 Venice	2nd Tuesday 8:30 P.M.	1	23	
	DeSoto-Hardee-Highlands-Charlotte-Glades	Zaven M. Seron, M.D. Sebring	Howard V. Weems, M.D. 22 Oak St. Sebring	2nd Tuesday 8:00 P.M.	0	21	
	Lee *Collier, Hendry	Harvie J. Stipe, M.D. 210 Richards Bldg. Ft. Myers	H. Quillian Jones, M.D. 311 Professional Bldg. Ft. Myers	3rd Tuesday 7:30 P.M.	0	18	C-6-48 James R. Boulware, Jr., M.D. Lakeland
	Polk	Chester H. Murphy, M.D. Bartow	John W. Vaughn, M.D. Box 475 Lakeland	2nd Wednesday 7:00 P.M.	1	76	459
D	Palm Beach	Victor Clarholm, M.D. Box 672 West Palm Beach	Ralph M. Overstreet, Jr., M.D. 820 Comeau Bldg. West Palm Beach	3rd Monday 8:00 P.M.	0	82	D-7-48 Adrian M Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	Hugh B. Goodwin, Jr., M.D. Arcade Bldg. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	0	19	
	Broward	Milton N. Camp, M.D. 720 Sweet Bldg. Ft. Lauderdale	Alva R. Taylor, M.D. 414 Blount Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	4	52	
	Dade	Robert T. Spicer, M.D. 404 Ingraham Bldg. Miami	Benjamin G. Oren, M.D. 628 duPont Bldg. Miami	1st Tuesday 8:30 P.M.	7	442	D-8-49 Russell B. Carson, M.D. Ft. Lauderdale
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	Herman K. Moore, M.D. 811 United St. Key West	2nd Thursday 8:00 P.M.	0	10	616

*Supervise and aid until organized separately. **Honorary Members, 28 Regular Members, 1947 Calendar Year, 1,763 **Total 1,791**



IN

Dietary Supplementation

MORE THAN ISOLATED NUTRIENTS

The observation that nutritional deficiencies rarely occur singly, and the fact that individual nutrients are not metabolized by themselves but in conjunction with others, are both well established. Hence dietary supplementation—in order to be effective—must provide more than merely isolated nutrients.

The dietary supplement of Ovaltine and milk presents a rational mixture of essential nutrients of wide clinical applicability. It supplies not only B complex vitamins, but also ascorbic acid, the fat soluble vitamins A and D, biologically complete protein, and readily utilizable caloric food energy in the form of fat and carbohydrate.

This dietary supplement is especially useful to compensate for the inadequacies of a deficient diet, and is valuable when given in conjunction with specific nutrients when specific deficiencies are detected. Easily digested and of low curd tension, it presents no undue digestive burden.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

It Can Happen Here



Example of severe rickets in a sunny clime.

LEST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between 37° and 42°, where the average amount of fall and winter sunshine is *equal to that in the major portion of the United States*. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, administered regularly in proper dosage, can do more than protect against the gross visible deformities of rickets. It may prevent hidden but nonetheless serious malformations of the chest and the pelvis and will aid in promoting good dentition. Because the dosage is measured in *drops*, Oleum Percomorphum is well taken and well tolerated by infants and growing children.



OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL

Potency, 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10 cc. and 50 cc. bottles; and as capsules in bottles containing 50 and 250.

MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U.S.A.

Please enclose professional card when requesting samples of Mead Johnson products to co-operate in preventing their reaching unauthorized persons

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

Annual Meeting April 11-14--St. Augustine

THE NY. ACADE OF MEDICINE
MAR 30 1948
RARY

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV MARCH, 1948 No. 9

IN THIS ISSUE

Management of Heart Disease
C. Frederic Roche

Founding of State Board of Health
Webster Merritt

Murine Typhus
Henry Fuller

Program of Annual Meeting

Nature of Naturopathy
Editorial

(Complete Table of Contents Page 496)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

THEELIN:

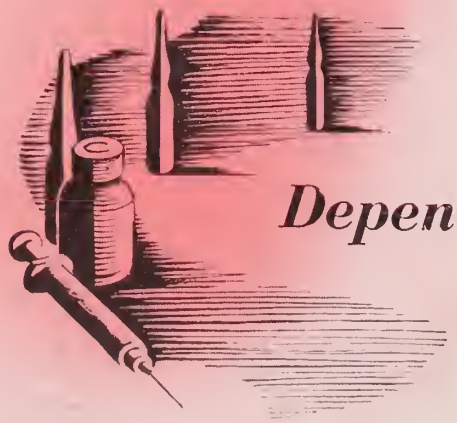
continuing



Naturally occurring



Pure crystalline



Dependable estrogen

THEELIN is a *naturally occurring* estrogen. It is well tolerated and can be administered without significant side reactions or untoward effects.

THEELIN is a *pure crystalline* estrogen. Since it is not a mixture and does not contain extraneous substances, its physiologic effectiveness is accurately determined by weight.

eadership in estrogen therapy

THEELIN is a *highly potent* estrogen. One ten-thousandth (0.0001) of a milligram is equivalent to one international unit. Because of THEELIN's potency, symptoms of the menopause and other estrogen-deficiency states may be readily and effectively relieved.

THEELIN is a *dependable* estrogen. It has stood the test of time. The first estrogenic hormone to be isolated in pure crystalline form and the first to assume clinical importance, THEELIN may be depended on for its reliable and predictable estrogenic effects.

THEELIN is available as THEELIN AQUEOUS SUSPENSION in ampoules of 1 mg. (10,000 I.U.), 2 mg. (20,000 I.U.) and 5 mg. (50,000 I.U.);
THEELIN IN OIL in ampoules of 0.1 mg. (1000 I.U.), 0.2 mg. (2000 I.U.), 0.5 mg. (5000 I.U.) and 1 mg. (10,000 I.U.);
STERI-VIAL® THEELIN IN OIL in vials of 10 cc., each cc. containing 1 mg. (10,000 I.U.); and
THEELIN Vaginal Suppositories, containing 0.2 mg. (2000 I.U.).

ARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

MEDICAMENTA VERA · PD & CO.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

Volume XXXIV **MARCH, 1948** **No. 9**

CONTENTS

SCIENTIFIC ARTICLES

Management of Heart Disease, C. Frederic Roche, M.D. 509
A History of Medicine in Duval County, Part XIII, Founding of the State Board of Health, Webster Merritt, M.D. 513
Murine Typhus: Treatment of a Small Series of Cases with Para-Aminobenzoic Acid, Henry Fuller, M.D. 517

ABSTRACTS OF MEDICAL ARTICLES

Abdominal Actinomycosis, Edward M. Farris, M.D., and Russell V. Douglas, M.D. 521
The Use of Atabrine in the Treatment of Intestinal Protozoa, Clarence Bernstein, M.D. 521
Wound Closure without the Use of Grafts, Thomas O. Otto, M.D. 521

EDITORIALS

Seventy-Fourth Annual Meeting 535
Notice to Delegates and Committee Chairmen 535
What Is the Nature of Naturopathy? 536
Health Mission to Tokyo; It All Adds Up 538
A Comprehensive Insurance System 539
General Practitioner Award 540

COMMENTARIES

Motion Picture Films 540
Legal Opinion on Nurse Anesthetists and the Physician's Responsibility 540
American Urological Association Sectional Meeting Held 541
Midwinter Meeting of Florida Society of Ophthalmology and Otolaryngology 541
Midwinter Seminar Attracts Nationwide Attendance 542

GENERAL FEATURES

Officers and Committees 534, 535
From Our President 533
St. Augustine, Convention City 522, 523
Program of Seventy-Fourth Annual Meeting 524
Russell L. Haden, M.D., Guest Speaker 532
State Board of Health 542
Public Relations 543
State News Items 544
Births, Marriages and Deaths 545
Component Society Notes 545
Laura Mary Hobbs Bourne (Obituary) 546
William Walter Shafer (Obituary) 547
Nathaniel L. Spengler (Obituary) 547
Medical Licenses Granted 547
Woman's Auxiliary Officers 548
The Technical Exhibit 550
Schedule of Meetings 570

This Journal is not responsible for the opinions and statements of its contributors.

Published monthly at Jacksonville, Florida. Price $5.00 a year; single numbers, 50 cents. Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.), Jacksonville 1, Fla. Telephone 5-0577. Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918. Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924.

Why do Sally, Irene and Mary need vitamin D ?

Growing children require vitamin D mainly to prevent rickets. They also need vitamin D, though to a lesser degree, to insure optimal development of muscles and other soft tissues containing considerable amounts of phosphorus . . . Milk is the logical menstruum for administering vitamin D to growing children, as well as to infants, pregnant women and lactating mothers. This suggests the use of Drisdol in Propylene Glycol, which diffuses uniformly in milk, fruit juices and other fluids.

Average daily dose for infants 2 drops, for children and adults 4 to 6 drops, in milk. Available in bottles of 5, 10 and 50 cc. with special dropper delivering 250 U.S.P. units per drop.



DRISDOL IN PROPYLENE GLYCOL

MILK DIFFUSIBLE VITAMIN D PREPARATION
ODORLESS • TASTELESS • ECONOMICAL

DRISDOL, trademark Reg. U. S. Pat. Off. & Canodo, Brond af Crystalline Vitomin D_2 (calciferal) from ergasteral

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

The businesses formerly conducted by Winthrop Chemical Campany, Inc. and Frederick Stearns & Campony are now awned by Winthrop-Steorns Inc.

Must

INCREASED IRRITATION

follow

INCREASED SMOKING?

PEOPLE are smoking heavily . . . far more than ever before. To *minimize* nose and throat irritation due to smoking, may we suggest the cigarette *proved** definitely and measurably less irritating . . . PHILIP MORRIS.

This proof of PHILIP MORRIS superiority is dependent *not only* upon laboratory evidence, but on clinical observation as well. Research was conducted *not by anonymous investigators, but by recognized authorities* . . . and published in leading medical journals.

The fact is PHILIP MORRIS advantages result directly from a *distinctive method of manufacture* described in published reports.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Biol. and Med., 1934, 32, 241; N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.*

PM & CO

PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



FOR EFFECTIVE PROPHYLAXIS OF DRUG REACTIONS

PYRIBENZAMINE

In the prophylaxis and treatment of allergic reaction to liver extract, penicillin, the sulfonamides and certain other drugs, Pyribenzamine hydrochloride is definitely efficacious.[1,2]

Similarly, the administration of Pyribenzamine prior to a desensitizing dose of allergen is successful in the prevention of constitutional reactions.[1] By using Pyribenzamine routinely during desensitization therapy, it is possible to make greater increments of dosage, thereby reducing the total number of injections.[3]

1. Arbesman, C.E., et al., Jl. of Allergy 17:275, Sept. 1946
2. Feinberg, S.M., and Friedlaender, S., Am. Jl. Med. Sci. 213:58, Jan. 1947.
3. Fuchs, A.M., et al., Jl. of Allergy 18:385, Nov. 1947.

ISSUED: Scored tablets 50 mg. • Elixir, 5 mg. per cc.

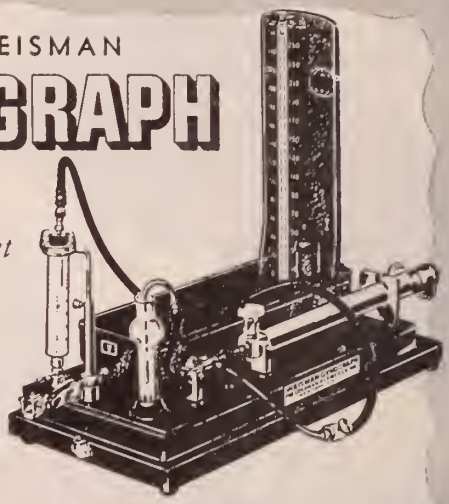
Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

2/1335 PYRIBENZAMINE (brand of tripelennamine) • T. M. Reg. U. S. Pat. Off.

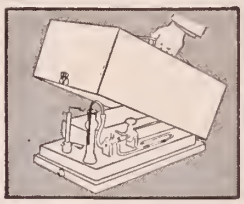
THE WEISMAN

GYNOGRAPH

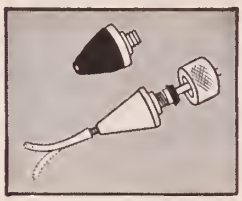
a radically different and remarkably efficient portable apparatus used in



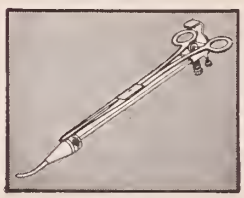
DIAGNOSIS and TREATMENT of FEMALE STERILITY



Portable



Interchangeable Plugs and Tips



New Self Retaining Canula

. . . will perform singly or simultaneously —

1.	Carbon Dioxide Tubal Insufflation
2.	Hysterosalpingography
3.	Combined Pneumoperitoneum and Pelvic Viscerography

The Weisman GYNOGRAPH

Provides the physician with combined, simplified and portable facilities for performing each of the standard procedures in the diagnosis and treatment of female sterility of tubal origin. Its marked efficiency and practicability establish the Gynograph as *the one standard instrument in its field.* Write for full detail and dealer discounts.

MEMBER

HOSPITAL·INDUSTRIES·ASSOCIATION HIA

MEMBER

AMERICAN SURGICAL TRADE ASSOCIATION A.S.T.A. Quality and Service

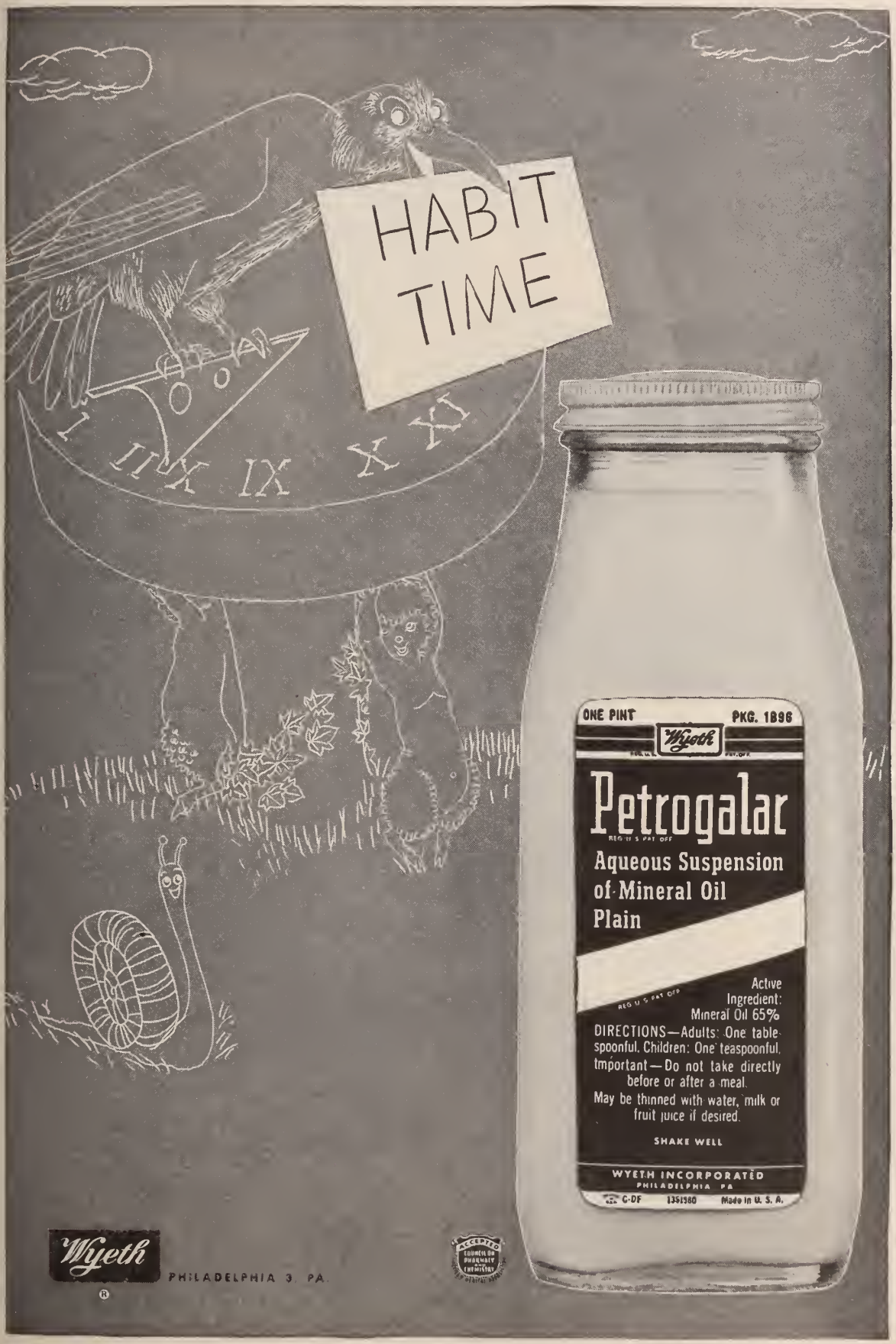


Anderson Surgical Supply Co.

Telephone 5-2560
40-42 W. DUVAL STREET
P. O. Box 1799
JACKSONVILLE 1, FLORIDA

Telephone M 8504
1101-1105 TAMPA STREET
P. O. Box 1228
TAMPA 1, FLORIDA

Telephone 7-4589
21 3rd STREET N.
ST. PETERSBURG, FLORIDA


HABIT
TIME
ONE PINT
PKG. 1896
Wyeth
Petrogalar
Aqueous Suspension
of Mineral Oil
Plain
Active
Ingredient:
Mineral Oil 65%
DIRECTIONS—Adults: One tablespoonful. Children: One teaspoonful.
Important—Do not take directly before or after a meal.
May be thinned with water, milk or fruit juice if desired.
SHAKE WELL
WYETH INCORPORATED
PHILADELPHIA PA
C-DF
1351380
Made in U. S. A.
Wyeth
PHILADELPHIA 3 PA.
ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY



DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

Rexall

DRUGS

You can depend on any drug product that bears the name Rexall.

Noah was in at the birth of this symbol. Since, in almost all lands, it has come to mean one thing: Hope. See a rainbow in the sky and you see a promise of days less laden with trouble.

The familiar Rexall sign is a modern symbol: Up and down the land, displayed proudly by about 10,000 independent and reliable drug stores, it signals an important message to the millions. Here is a symbol, it says, that assures the highest pharmacal skill in compounding your prescription. It means, further, that all drugs used are potent, pure and uniform . . . all laboratory tested under the rigid Rexall control system.

REXALL DRUG COMPANY

LOS ANGELES, CALIFORNIA

PHARMACEUTICAL CHEMISTS FOR MORE THAN 45 YEARS

Watersoaked . . .



. . . and *still* potency-protected!

Four packages of penicillin tablets were recently returned to the Squibb Laboratories. They had been watersoaked to a point of partial disintegration. The outside and inside of the packages were covered with mold — they had been "through the mill". Furthermore, the tablets were outdated by four months.

Yet on assay all but one—39 out of 40—of these tablets were found to be of full potency! (One tablet assayed at 50% of label potency.)

Penicillin is rapidly destroyed by water. It must be produced in an atmosphere scrupulously moisture-controlled. This demonstration of the effectiveness of Squibb packaging methods is therefore highly significant.

CRYSTALLINE PENICILLIN G SODIUM (*Buffered*) TABLETS | SQUIBB

are *individually* and *hermetically* sealed in aluminum foil to protect them against moisture and contamination. They are *individually protected*, regardless of how many are prescribed, up to the time of use. Tablets of 50,000 and 100,000 units in boxes of 12 and 100.

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



First breath, first bath, first bottle

In a life filled with "firsts", baby has no time to cope with such gastro-intestinal problems as carbohydrate fermentation and attendant distention and diarrhea—particularly during his first few weeks.

'Dexin' has proven an excellent "first carbohydrate" because of the high dextrin content. It is not fermentable by the organisms usually present in the intestinal tract, and promotes the formation of soft, flocculent, easily digested curds.

Simply prepared in hot or cold milk, 'Dexin' brand High Dextrin Carbohydrate is easily adapted to increasing formula needs from month to month, and later, being palatable but not too sweet, is a welcome supplement to other bland foods. 'Dexin' *does* make a difference.

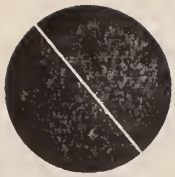
'Dexin' HIGH DEXTRIN CARBOHYDRATE
BRAND

Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association.

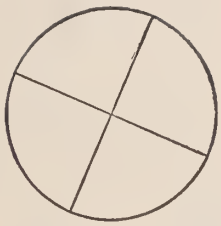
Literature on request

'Dexin' Reg. Trademark

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 East 41st St., New York 17, N.Y.



For medically sound reduction of overweight...



Benzedrine Sulfate—rational and accepted

Benzedrine Sulfate, by safely depressing the overweight patient's appetite, ordinarily curbs excessive eating. Lowered caloric intake and loss of weight naturally follow. Hence, Benzedrine Sulfate therapy is medically sound and highly effective.

Thyroid—irrational, potentially dangerous and widely condemned

In overweight, most authorities strongly condemn thyroid therapy as irrational and potentially dangerous, except in those rare instances when an accompanying hypothyroidism has been definitely demonstrated.

Benzedrine Sulfate—unlike thyroid—ordinarily, in the proper dosage, has no significant effect on the basal metabolic rate, blood pressure, or heart rate. Harris, Ivy and Searle,[1] after a comprehensive series of functional tests, conclude: "No evidence of deleterious effects of the drug (amphetamine sulfate) was observed."

[1]Harris, S. C.; Ivy, A. C., and Searle, L. M.: THE MECHANISM OF AMPHETAMINE-INDUCED LOSS OF WEIGHT: A Consideration of the Theory of Hunger and Appetite, J.A.M.A. 134:1468 (Aug. 23) 1947.

Benzedrine* Sulfate

Tablets Capsules Elixir **One of the fundamental drugs in medicine**

Accepted by the Council on Pharmacy and Chemistry of the AMA for use in treatment of overweight.

Smith, Kline & French Laboratories, Philadelphia

*T.M. REG. U.S. PAT. OFF. FOR RACEMIC AMPHETAMINE SULFATE, S.K.F.



No other crop could grow here



Vast areas of the country would have to be considered wasteland, so far as human nutrition is concerned, were it not for the ability of livestock to feed on the grasses and roughage growing in the many areas which do not lend themselves to cultivation.

Our livestock population turns many plants, in themselves inedible by man, into meat . . . man's preferred protein food.

Thus livestock makes land, which otherwise would be useless for human nutrition, produce an outstanding protein food for man. This is of added importance today because of the world-wide scarcity of high-quality protein foods.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

INSEPARABLY RELATED

"Now that we know the chemical nature of most of these compounds [internal secretions], and have learned much about their physiological activities, endocrinology has become an exact science, or branch of science, *inseparably related* to physiology, pharmacology and biochemistry."

Cameron, A. T.: Recent Advances in Endocrinology, ed. 5, Philadelphia, The Blakiston Company, 1945, p. 1.

The ever-widening scope of hormone therapy is the outcome of decades of progress in laboratory research, clinical investigation and pharmaceutical manufacture.

SCHERING

world's largest manufacturer of sex hormones has pioneered in noteworthy developments in this field.

Further advances in endocrine treatment foreshadowed by current scientific activity are inseparably related to the continuing initiation of effective, well-tolerated therapeutic agents.



Schering CORPORATION • BLOOMFIELD, NEW JERSEY

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

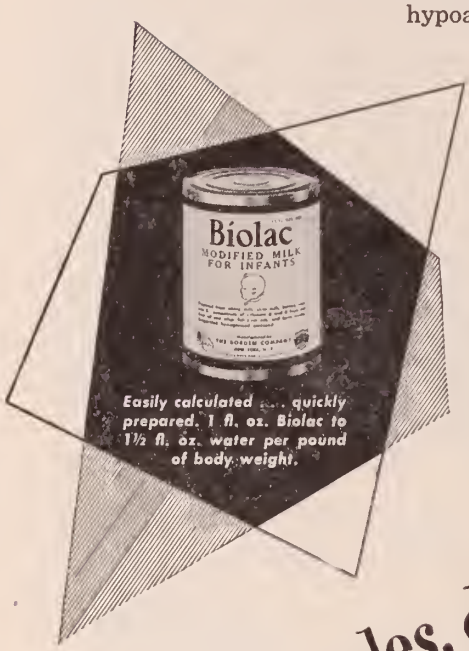
SCHERING

SCHERING

"Ain't that something? *My* muscles aren't flabby fat—'cause (thanks to you) I have plenty of protein in my *Biolac*."

In fact, BIOLAC supplies among other essential nutrients the valuable proteins of milk (and thus the essential amino acids for sound structural development)—at a significantly higher level than human milk. By homogenization and heat treatment, curd size and tension are reduced for digestibility, and proteins are rendered desirably hypoallergenic. • BIOLAC is a *complete food* (when vitamin C is added). Its fat content is adjusted to a readily assimilable level, and its added lactose contributes to the formation of natural, soft stools. Mothers appreciate BIOLAC because of its safety and simplicity.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N.Y.

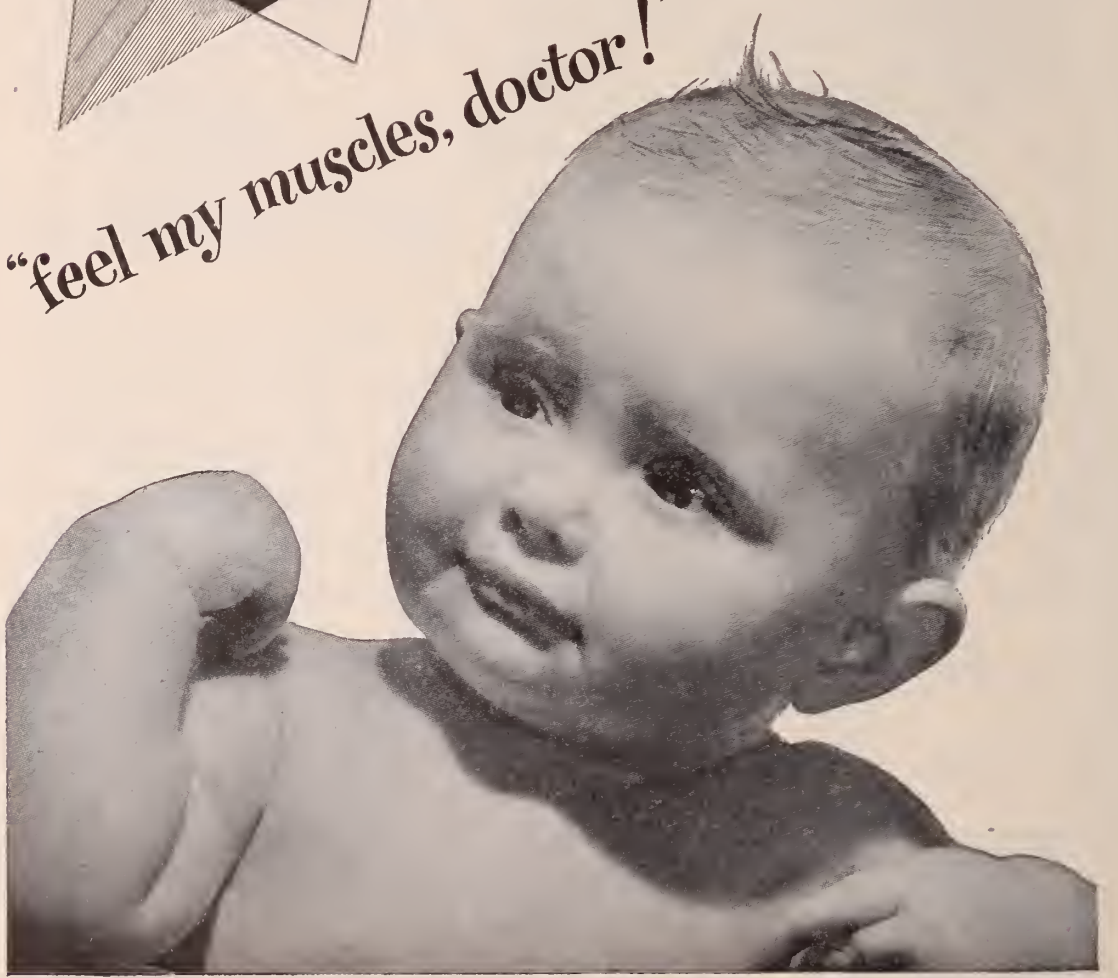


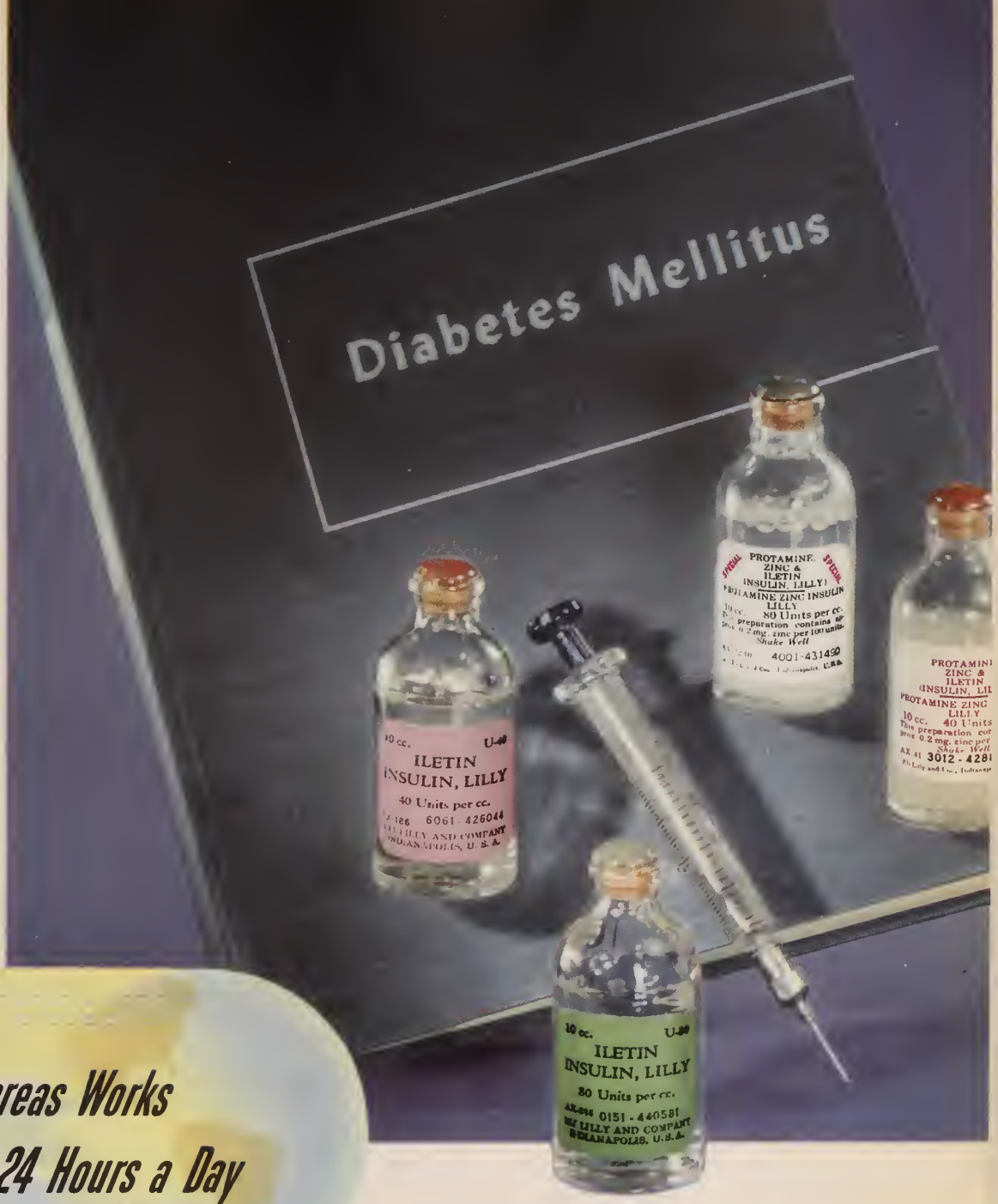
Biolac

"Baby Talk for a Good Square Meal"

Biolac is a liquid modified milk, prepared from whole and skim milks, with added lactose and fortified with vitamin B_1, concentrate of vitamins A and D from cod liver oil, and iron citrate. Evaporated, homogenized and sterilized. Vitamin C supplementation only is necessary. Available in 13 fl. oz. tins at all drug stores.

"feel my muscles, doctor!"





The Pancreas Works 24 Hours a Day

THERE is no rest for a healthy pancreas. Endogenous insulin is supplied whenever required, day or night. So must it be with Insulin therapy in the diabetic. Adequate control means twenty-four-hour control—as nearly like nature's as can be devised.

Protamine Zinc Insulin has been found adequate in approximately two-thirds of the cases above the age of fifty-five and in nearly one-half of all age groups of diabetic patients who require Insulin treatment. Suitable combinations of Insulin with Protamine Zinc Insulin will provide satisfactory control in the balance of the cases.

Preparations of Iletin (Insulin, Lilly) and Protamine, Zinc & Iletin (Insulin, Lilly) are available in concentrations containing 40 and 80 units per cc.

Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.



Lilly in China

THE WORLD has been immeasurably enriched by the literary legacy of Chinese scholars, ancient and modern. Chinese medicine has also made important contributions, among which are the drugs Ma Huang and kaolin.

Since 1918 Eli Lilly and Company has been represented in China. In 1928 the Shanghai Branch was established. Through the years the scope of Lilly activity in China gradually increased. As might be expected, from 1941 to 1946 a sharp curtailment was unavoidable. The increasing emphasis on science and industry in this area will inevitably bring with it important scientific advances. Lilly contacts with men of research in China assure the physicians in America and elsewhere of a share in the best of Chinese medical thought.

LILLY INTERNATIONAL

A 15 x 12 reproduction of this Raymond Breinin illustration, suitable for framing, is available upon request.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY
Volume XXXIV Jacksonville, Florida, March, 1948 No. 9

Management of Heart Disease

C. Frederic Roche, M.D.*
MIAMI

This discussion includes no detailed review of the recent literature concerning newer concepts relative to the management clinically of heart disease. The views presented here reflect my experiences and those of my associates over a number of years of observation in the type of cases we most frequently encounter. An attempt will be made to integrate when possible, and if time permits, some of the more recent methods in present day use.

CONGENITAL HEART DISEASE

Extraordinary advances have been made recently in cardiovascular surgery of congenital heart disease: patent ductus arteriosus, coarctation of the aorta and some correction of the tetralogy of Fallot. Other congenital cardiac lesions not amenable to surgery are managed on a symptomatic basis. Subacute bacterial endocarditis appears to have a frequent predilection for congenital, also acquired, lesions. This complication responds to penicillin therapy most satisfactorily. The dosage of this antibiotic and its method of administration vary according to the experience of the clinician. An amount of penicillin ten times the sensitivity of the organism of the Streptococcus viridans, given intravenously by the continuous drip method is one method of choice. As much as 20 million units has been given in a twenty-four hour period for a number of days in refractory cases. It would seem that the disease is definitely curable. It has been stated that many of the patients with this disease die sooner or later from heart failure, but certainly not from subacute bacterial endocarditis when adequately treated.

HYPERTHYROIDISM

We have not seen many patients with hyperthyroidism in our area, recalling only one instance in which it developed locally, probably arising from a hyperfunctioning adenomatous goiter. The few other cases observed were in patients who had recently come to South Florida from the goiter belt regions. The condition should be thought of as an occasional complication of rheumatic heart disease and, in congestive failure, associated with hypertension. A basal metabolic determination may not be diagnostic, but, if suspected, iodine therapy may be instituted and the response, if effective, used as a guide. The cardiac manifestations are usually tachycardia or auricular fibrillation, with an elevation of blood pressure. For the associated fibrillation, the rhythm may revert to normal following iodine therapy; if not, digitalis and quinidine are usually effective. Thyroid surgery, if possible, still has many adherents. Thiouracil and propyl-thiouracil would appear to be satisfactory in the hands of some clinicians with considerable experience in the use of these preparations. Sharp changes in the blood picture, such as leukopenia and cutaneous manifestations, both indicating toxic effects, require that the patient be kept under frequent observation.

MYXEDEMA

Referring to the Miami area, it might be suspected that we would encounter more frequently the myxedematous type of heart than we actually do. Patients who have lived in this area, and especially women, more than ten years, usually, in our experience, have a basal metabolic rate determination of −10 to −15 per cent, which may be normal for this environment. There probably is no valid reason to conclude that the original normals established should be the same over a wide geographic distribution. We have certainly found this observation to be true in the determination of sedimentation rates.

The heart, in classical myxedema, may show varying degrees of enlargement both to the right and left. If considerable coronary sclerosis is present, the anginal syndrome, with or without

*The late Dr. Roche delivered this paper at the Southeast Medical District Meeting, Ft. Pierce, Oct. 30, 1947. He died on Jan. 18, 1948.

failure, may dominate the picture. In addition to a lowered basal rate, high blood fat may be anticipated as well as electrographic changes consisting of low QRS voltage and flattened or inverted T waves. Thyroid extract in small doses is the therapeutic agent of choice, and its results are to be cautiously observed because of its effect on the coronary circulation.

SYPHILITIC AORTIC REGURGITATION

The onset of failure in patients with syphilitic aortic regurgitation has, in our experience, been followed by a rapid, relentless downhill course. Digitalis has no apparent clinical effect. Because of the severe dyspnea, it is occasionally impossible to confine them in oxygen. Morphine, which we frequently give intravenously, is the only possible remedy available for relief. Not infrequently this is inadequate.

ACUTE PULMONARY EDEMA

Probably no patient with an acute cardiac condition needs hospitalization more promptly than the person suddenly afflicted with acute pulmonary edema. Such a tragedy usually occurs between midnight and early morning. The picture is a familiar one. Cough, wheezing, inability to breathe, lungs rapidly filling with fluid, shock and fright. The etiology—hypertension, left-sided failure and/or acute coronary artery insufficiency—may be decided by the attending physician, but the treatment, usually dramatic, is about the same. Venesection, opium derivatives, full digitalization and oxygen to the limit is a reasonably good regime in the first attack. We have the feeling that these patients seldom survive more than a year following the initial episode, not infrequently less than a year.

RHEUMATIC HEART DISEASE

In discussing rheumatic heart disease, the management of this condition will be confined to those patients who have chronic congestive failure with one or more valvular defects, and, frequently, auricular fibrillation. This syndrome may appear, though not constantly, as a later development of the initial rheumatic invasion. It usually begins in the second and third decades. In this connection, a late afternoon slight temperature, a mild leukocytosis and an elevated sedimentation rate might not necessarily be evidence of rheumatic activity but a part of the failure picture. Sometimes patients with this disease live long beyond our expectation. Perhaps an elevation of blood pressure may in a measure compensate for a severe mitral stenosis, or a tricuspid stenosis may have a retarding effect on rapidly advancing failure. The conventional therapy consists of digitalis, diuretics orally and parenterally, sedation and rest, also avoidance of excessive exposure to sunlight. In patients who have been under digitalis therapy for long periods of time, we find that this drug and its derivatives may be omitted for wide intervals, unless a great pulse deficit occurs and persists in patients with fibrillation. We frequently resort to strophanthus intravenously, after a suitable interval from digitalis therapy. This not only seems to aid the failure problem, but apparently affects, beneficially, mental apathy. As to prognosis and chronicity, we had one patient under observation who had had rather severe rheumatic heart disease for over fifty years; during many years of this period this condition was associated with chronic congestive failure and fibrillation.

HYPERTENSIVE HEART DISEASE

Hypertensive heart disease in which the elements of failure have become manifest requires treatment more or less similar to that for heart failure of other origin. We are obliged to assume that the various measures for the relief of this malady have been given thorough consideration before the onset of cardiac insufficiency. By this is meant environmental readjustment with all of the implications, when possible, effort to reduce cardiac strain by living at the level of heart reserve, an appraisal of the criteria essential for surgical intervention, sulfocyanates, sedation, and the various diets, including the Schemm diet, Rice diet and low sodium formulae. Reduction of weight and restriction of tobacco should be included when indicated.

In the acute active phase of failure of hypertensive heart disease, oxygen is important. Thorough digitalization, with knowledge of the previous dosage of this drug, is extremely helpful, especially in rhythm disturbances such as fibrillation. For venous congestion and accumulations of pleural and peritoneal fluid with edema of the extremities, diuretics are of considerable value; ammonium chloride, 60 to 90 grains daily, is given with intravenous diuretics when necessary. It is our custom in using intravenous diuretics to dilute the substance with 5 to 10 cc. of distilled water. Glucose, which plays some part in the

metabolism of heart muscle, often acts especially well. We use varying daily doses of the 50 per cent solution intravenously, giving anywhere from 100 to 500 Gm. slowly from a salvarsan flask.

ANGINA PECTORIS

It is meant, in the paragraph concerning the discussion of angina pectoris, to present subjective symptoms, characterized by substernal pain of relatively short duration, radiating to one or both arms and wrists, occasionally to the neck, relieved by nitroglycerin, and not accompanied by dyspnea, sweating or shock. It usually is induced by exertion or emotional stress though may occur without either, while the patient is at rest. To clarify further this particular symptom, it may be added that electrocardiographic evidence may be entirely absent and that blood pressure may or may not be elevated. We are therefore discussing myocardial ischemia due to inadequate coronary artery blood flow, without necessarily demonstrable evidence. One of many such instances is seen in the menopausal state, with a systolic hypertension from 170 to 200 occurring, particularly in obese women. In my opinion there is such a process as spasm of the coronary arteries, transient in character, produced by the same mechanisms involving other smooth muscle structures. The therapy for immediate relief is the time-honored nitroglycerin tablet beneath the tongue. Many patients, however, react badly to usual doses of this drug and prefer not to use it. Belladonna, combined with one of the barbital group and taken throughout the day, seems helpful. Hormones are helpful in women. Reduction of weight, restriction of tobacco and change in pace are important factors. A patient with an anginal syndrome should be given serious consideration as to future prognosis.

ACUTE CORONARY DISEASE

Before discussing acute thrombosis and infarction of the coronary arteries and acute coronary insufficiency without occlusion but with infarction, I should like to introduce here an observation in regard to electrographic interpretation. It is not unquestionable that much too much has been read into tracings. This laboratory procedure is an invaluable aid properly correlated with the history and clinical findings. The psychic trauma, however, and subsequent invalidism resulting from a hasty and immature conclusion affect the psychic life of a patient in an irreparable manner. Teaching centers are striving diligently to revamp the former concept of permanent invalidism to one of useful rehabilitation for the patient. Changes in electrocardiographic patterns of various sorts are not always incompatible with a reasonable life of usefulness. We are all familiar with many necropsy findings wherein one or several scars indicating myocardial infarction are found, with no corroborating clinical data of a single episode of acute disease of the coronary artery. There is a definite tendency toward early ambulation and return to some type of normal life.

The early recognition of acute thrombosis of the coronary artery in the classical forms is today not a difficult diagnostic problem. The bizarre and so-called silent cases may perhaps be puzzling for a few days, but subsequent additional data establish the diagnosis while the patient is receiving symptomatic treatment and bed rest. In a suspected instance, however, treat the patient as if the diagnosis had been established, inform a responsible member of the family of your impression, but not the patient. Failure to do so in such situations invites serious repercussions.

By way of illustration, we will consider the classical instance of an acute closure of a coronary artery, with infarction. The usual signs are present, consisting of severe pain in the chest radiating into one or both arms, dyspnea, shock, profuse sweating and fall in blood pressure. Too often in the past, and I do not plead innocent, the patient is rushed to the hospital by whatever conveyance is available. When he or she emerges from the life-saving sedation, the picture is somewhat like the following: Strange and unfamiliar apparatus fills the room or ward. All the attendant paraphernalia of oxygen administration, including enclosure in the tent, are set up. Portable x-ray equipment is added to the stage, an electrocardiographic machine is on one side of the victim, and a technician opposite, on the one remaining side, stands ready to obtain a blood sedimentation rate and count. At the foot of the bed, physicians and interns stand guard, and in the remaining small space one or more nurses complete the ensemble. Finally, in the corridors, are the naturally anxious relatives and friends. This is one instance, at least, when the setup is perfect for present and future psychic trauma.

Most of us who have been watching this sort

of picture believe the procedure could be simplified. If the symptoms are severe, morphine, intramuscularly or, preferably, intravenously, will relieve and relax the patient. Unless cyanosis is observable, oxygen may be omitted. Bed rest, quiet surroundings and subsequent unhurried laboratory procedures are then instituted for the data desired. Duration of bed rest is the problem and the responsibility of the attending physician. There is a definite trend toward considering four weeks a maximum. A simple diet and mild sedation are prescribed in the convalescent stage, together with such other medication as the physician believes may be effective, necessary and important.

The various vasodilators are somewhat in vogue. If one believes that vascular degenerative changes are reversible, then his optimism should be rewarded by administering these several preparations.

Very likely there has been no decade in the history of medicine in which a new discovery has not been announced. The literature is replete with the acceptance or nonacceptance of these many contributions. This comment is a prelude to the brief discussion to follow on the use of dicumarol as a therapeutic agent in the treatment of coronary heart disease.

Some extremely able clinicians in this country, well aware of all the answers to cardiovascular disease, advocate the use of dicumarol and/or dicumarol and heparin. Not at all surprising is the fact that a great many other extraordinarily able physicians are watching the progress and results of these therapeutic applications with an appraising eye. This is as it should be and has been throughout the years.

We use dicumarol cautiously and when we are convinced there is evidence of diffuse myocardial disease with all its implications. It would be of interest to elaborate on this subject in the discussion to follow, concerning such matters as dosage, laboratory procedures for prothrombin time determination, hemorrhage and so forth.

PSYCHOSOMATIC MEDICINE

In any of the conditions mentioned in this paper, and also in many omitted, we should like to emphasize the important role of psychosomatic medicine. We probably all consider it unconsciously, but it should be thoughtfully evaluated as a valuable adjunct, helpful to the patient, satisfying to the physician. To us, it means spending more time with our patients, not necessarily examining them, but learning more of their personal lives and various interests and problems. To the physician who thinks this is unimportant, or who may not have the time, permit me to offer the reminder, even sound a warning, that there will be many new well trained internists in his community each year who not only know the answers, but will have the time.

SUMMARY

This discussion of the management of heart disease deals briefly with congenital heart disease, the cardiac manifestations in hyperthyroidism and myxedema, cardiac failure in syphilitic aortic regurgitation, acute pulmonary edema, rheumatic heart disease, hypertensive heart disease, angina pectoris, acute thrombosis and infarction of the coronary arteries, and acute coronary insufficiency without occlusion but with infarction. Observations are made on the use of dicumarol, and attention is directed to the psychosomatic aspect of the treatment of cardiac diseases. Time did not permit a discussion of the arrhythmias.

606 duPont Building.

SEVENTY-FOURTH ANNUAL CONVENTION

FLORIDA MEDICAL ASSOCIATION

ST. AUGUSTINE, APRIL 11-14, 1948

A History of Medicine in Duval County, Part XIII
Founding of the State Board of Health

Webster Merritt, M.D.

Jacksonville

The epidemic of yellow fever in Jacksonville during 1888 brought the State Board of Health issue squarely to a head. For more than thirteen years, members of the Florida Medical Association had been attempting to persuade the state legislature to establish this board.*

In 1875, at the second annual meeting of the Florida Medical Association, Dr. John P. Wall of Tampa presented a paper on preventive medicine in which he stated:

> The duty of preserving the health and lives of its citizens from the causes of disease is as incumbent on the state as is that of suppressing rapine and murder . . . one has no adequate conception of how much of the sickness and consequently death, are preventable . . . several of the states have already established Boards of Health and it is highly important that they should . . . The question of public hygiene, like that of quarantine, is too important to be left exclusively to the optional control of local authorities . . . the state should establish a Board of Health . . . whose duty should be to investigate the causes of sickness and recommend such measures as may likely prove useful in abating them . . . The time is fast hastening when the preservation of the public health will become one of primary consideration in all enlightened governments.[358]

So far as the author can determine, Dr. Wall's was the first strong voice to be raised in favor of a State Board of Health. Thus, though not generally having received credit, Dr. Wall properly might be called the father of the Florida State Board of Health.[359] On the day following the presentation of his paper the members drafted a bill for the establishment of a State Board of Health, and Dr. Wall was appointed chairman of a committee to present the bill to the legislature. The following year he wrote:

> The time is surely coming when preventive medicine shall have reached such a degree of perfection that the occurrence of epidemic disease will be felt as a gross reproach to the community which it assails . . . it is very evident that it is our duty to do all we possibly can to advance sanitary science and impress its importance on the public mind . . . We have occupied the undignified position too long of merely subsisting on the misfortunes of our fellowmen. It is time for us to rise to a higher plane as philanthropists in our efforts to improve the health of the people by removing the causes of diseases. Thus only can we fulfill the highest functions of our calling.[360]

At the meeting of the Florida Medical Association in 1876, Dr. R. D. Murray of Key West reported that strenuous efforts had been made at the 1876 session of the legislature to pass the State Board of Health bill, that it had passed to the third reading and then had been postponed indefinitely by a vote of twelve to eleven. He stated that the apparent reason for the bill's postponement was the request for an appropriation of $1,500, but that the real reason was the legislators' ignorance of the value of a State Board of Health. At the meeting of the association in 1879, Dr. A. S. Baldwin reported that a request for an appropriation of $2,500 had caused the bill to fail in the legislature that year.[361] He stated that the legislators were of an economical turn and would listen to no new project which required expenditure of funds. During the following ten years members of the Florida Medical Association urged repeatedly that a State Board of Health be organized. Notable among these were the retiring presidents, Dr. R. P. Daniel in 1880, Dr. J. P. Wall in 1885, Dr. N. D. Phillips in 1886 and Dr. J. W. Hicks in 1888.[362]

As early as 1869 the legislature had passed an act repealing the law of 1853 and regulating quarantine by providing for a board of health at each port consisting of the mayor, a port inspector and a port physician. Ten years later, in 1879, an act to create a uniform system of quarantine was passed. That year Governor Drew, because of the yellow fever epidemic of 1877 in Fernandina and the interruption of business throughout a large part of Florida, recommended state control of the quarantines. In 1881, Governor Bloxham made the same recommendation and urged that a State Board of Health be organized. In 1885, the framers of the state constitution inserted these words: "The legislature shall establish a state board of health and also county boards of health in all counties where it may be necessary." The only action taken,

* As early as 1873 a halfhearted attempt to organize a State Board of Health was made when a Senator Howe introduced a bill in the legislature asking for an appropriation of $200.



DR. JOHN P. WALL

however, was the act passed at that session which provided for a governor of county boards of health.

At the meeting of the Florida Medical Association in the spring of 1888, Dr. R. B. Burroughs, chairman of a committee appointed by Dr. Phillips in 1886, reported interference from another member of the association, requested that the committee be discharged and tendered his resignation as a member of the association. Feeling ran high and spirited discussions followed. Since it did not appear possible to persuade the legislators to establish more than an inadequate State Board of Health, Dr. Wall in a committee report ventured the opinion that organized county boards of health would be more efficient and at that time would better serve the need of the people. He reminded those present that the founding of a State Board of Health was no longer the concern of the association since it had become the duty of the legislature to take that important step. Apparently Dr. Wall had become discouraged by the association's long-continued but futile efforts.

Dr. Daniel, however, renewed his pleas for a State Board of Health, added his voice to that of the president, Dr. Hicks, and was able to

secure passage of the following resolution:

> Resolved, that the President of this Association be requested to appoint a Committee of three members to prepare a memorial to the Governor and Legislature, at its next session, urging the imperative importance of organizing a State Board of Health . . .

Drs. Daniel, C. J. Burton and F. H. Caldwell were appointed members of this committee.[363]

Thus, at the time of the Jacksonville yellow fever epidemic in 1888, prospects for a State Board of Health were not yet bright. The catastrophe that befell Jacksonville, however, crystallized sentiment, and an overwhelming demand for action arose from people throughout Florida. Early in the year 1889 Governor Fleming called a special session of the legislature for the purpose of establishing a State Board of Health and entered a forceful plea for it. The act creating and providing for a State Board of Health for Florida was passed and on February 20 was approved by Governor Fleming. The members appointed by the Governor to serve on the Board were Dr. R. P. Daniel of Jacksonville, Mr. William B. Henderson of Tampa and Mr. W. K. Hyer of Pensacola. They met in Tallahassee on March 11 and after taking the oath of office



Dr. J. Y. Porter

elected Dr. Daniel president and Mr. Hyer temporary secretary. The members then unanimously elected Dr. J. Y. Porter of Key West to fill the position of state health officer and secretary and chose Jacksonville for the home of the Board of Health.[364]

Dr. Joseph Yates Porter,[363-367] already a colorful figure at that time, was destined to play the major role in the development of Florida's public health system for nearly three decades. Born in Key West on October 21, 1847, Dr. Porter received his preliminary education in New Jersey and was graduated from Jefferson Medical College with the degree of Doctor of Medicine in 1870. He served for nineteen years as Assistant Surgeon in the United States Army, where he had unusually valuable experience in the management of yellow fever epidemics. Reports on his detailed studies of the Key West epidemics of yellow fever in 1875 and 1878 are available in the Library of the State Board of Health, and his invaluable services during the Jacksonville epidemic of 1888 are a matter of record.

Dr. Porter was a forceful man with a somewhat vitriolic temperament which not infrequently caused him to engage in controversy. At the meeting of the Florida Medical Association in 1888, he took exception to Dr. C. J. Kenworthy's paper entitled "Yellow Fever Lessons." His reply, published in the Proceedings of the association for that year, leaves no doubt in the reader's mind about Dr. Porter's opinion of the paper and of Dr. Kenworthy himself.

After twenty-eight years of pioneer service with the State Board of Health, Dr. Porter retired in 1917 at the age of 70, but he continued to maintain an active interest in people and civic affairs until the time of his death in 1927. In the July, 1925, to January, 1926, issues of the Journal of the Florida Medical Association there was published a series of articles, written by Dr. Porter, entitled "Looking Backward over Fifty Years of Health Work in Florida." During that period of service the health of the people was immeasurably improved, for there was a transition from medieval to modern methods in the practice of medicine and surgery.

* * *

The question often has been asked—when did old Florida end and new Florida begin?[368] In the sense of the greatest good for the greatest number the change came toward the end of the nineteenth century with the winning of the war against the so-called microbes. In old Florida people believed that the hot summer climate was responsible for disease, visitors did not remain after the first warm spell of spring, and capital would not make investments for year-round operations. Through the medium of the State Board of Health, however, general knowledge of the cause and prevention of disease was disseminated, typhoid fever and malaria were brought under better control, smallpox was reduced to a minimum, and yellow fever literally was banished from the state. Of those pioneer physicians in old Florida who helped win the war against disease, members of the medical profession today are justly proud.

THE END

BIBLIOGRAPHY

358. The Semi-Tropical, October 1875. The Jacksonville Public Library.
359. A History of Medicine in Duval County, Webster Merritt, M.D., the Journal of the Florida Medical Association, September, 1945.
360. Proceedings of the Florida Medical Association, Session of 1876. The library of the Florida Medical Association.
361. Ibid., Session of 1879.
362. Ibid., Sessions of 1880, 1885, 1886 and 1888.
363. Ibid., Session of 1888.
364. President's Report to His Excellency, Governor F. P. Fleming, May 5, 1890, the First Annual Report of the State Board of Health of Florida, 1890. The Library of the State Board of Health.
365. Copies of Reports of Yellow Fever Epidemic in Key West, November 30, 1875, and December 31, 1878, Joseph Y. Porter, M.D.
366. Looking Backward over Fifty Years of Health Work in Florida, J. Y. Porter, M.D., the Journals of the Florida Medical Association, July, 1925, to January, 1926.
367. Dr. Joseph Yates Porter, William R. Warren, M.D., the Journal of the Florida Medical Association, May, 1927.
368. Short Talks, T. Frederick Davis, the Florida Times-Union, Jacksonville, Florida, June 29, 1940.

2033 Riverside Avenue.

COMPLETE PROGRAM

ST. AUGUSTINE CONVENTION

IN THIS ISSUE

APRIL 11-14

Murine Typhus: Treatment of a Small Series of Cases with Para-Aminobenzoic Acid

Henry Fuller, M.D.

LAKELAND

There is a great deal of evidence to show that para-aminobenzoic acid is an effective drug in all rickettsial diseases. In 1942 Snyder, Maier and Anderson[1] showed that the oral administration of this compound would effectively reduce the mortality from experimental murine typhus in mice. In 1943 Hamilton, Plotz and Smadel[2] proved that para-aminobenzoic acid would inhibit the growth of the rickettsias of both epidemic and murine typhus in the developing hen's egg. Independently of these workers, Greiff, Pinkerton and Moragues[3] in 1944 showed that para-aminobenzoic acid would retard the rate of multiplication of the rickettsia in embryonated hens' eggs and that mice inoculated with lethal doses of the rickettsia of murine typhus could almost always be saved if they were first fed para-aminobenzoic acid, whereas if they were not, they almost always died.

The first clinical test of this drug was made in Cairo, Egypt in 1943 and 1944 by Yeomans, Snyder, Murray, Zarafonetis and Ecke[4] of the United States of America Typhus Commission. At that time 20 patients with human louse-borne typhus were treated, and the results were compared with those observed in 44 untreated controls. Snyder and his associates[5] recently reported further observations in these and other cases. They concluded that "the results show statistical significant differences between the para-aminobenzoic acid treated and untreated groups as regards duration of fever, incidence of complications, and mortality. The evidence suggests that treatment begun early in the first week of the illness was more effective than treatment begun later." A considerable amount of other clinical and experimental work, not only in epidemic typhus, but also in murine typhus, scrub typhus or tsutsugamushi disease, and in Rocky Mountain spotted fever, all points to the favorable effect of this newly used drug.[6,7,8,9,10]

In 1944, 1945, 1946, and the first six months of 1947 at the Morrell Memorial Hospital there were 11 proved cases of typhus fever in patients over 30 years of age. There have been 7 other cases in patients under 30 in which the diagnosis was proved, and several others in which the diagnosis was suspected but not proved. Since typhus fever, both epidemic and murine, in patients under 30 is relatively much milder than in older patients (and this observation was borne out in a study of the records in this hospital), these cases were not included in this report.

Table 1 shows the duration of the fever, the duration of the illness before admission, and the age of the patients in the 7 control cases. There was an average period of fifteen and five-sevenths days of temperature over 99 F., and the average age for the group was 43 3/7 years. The shortest duration of the fever was twelve days, the longest twenty-four. There were no deaths.

Table 2 shows first the like data summarized in 3 cases. The ages of the patients in these cases averaged 56 years, or considerably more than the average for the control group; the duration of illness before treatment varied little; and the total duration of fever averaged only ten days. None of the patients had ever received typhus vaccine.

The second part of table 2 includes case 10; the patient in this case was admitted to the hospital on the eleventh day of her illness. Therapy with para-aminobenzoic acid was begun rather late in the course of the disease, therefore, and had no apparent beneficial effect. It is worth repeating here that Snyder and his associates[5] reported: "Good results are to be expected from para-aminobenzoic acid treatment only when therapy is begun early in the course of the disease." Even with 10 cases included in the report, the duration of fever is some three days shorter than for the control group.

So small a series of cases obviously has no statistical significance. It is worth while, however, to make two observations: first, my col-

Read before the Southwest Medical District Meeting, Lakeland, Oct. 29, 1947.
From the Watson Clinic and the Morrell Memorial Hospital, Lakeland.

TABLE 1.—CONTROL CASES

Case Number	Age	Duration of Illness in Days When Admitted	Lowest W.B.C.	Rash	Highest Titer Weil-Felix OX-19	Duration of Fever in Days
1	54	7	4,800	++	320	16
2	39	2	8,200	++++	640	15
3	40	14	10,400	++++	640	24
4	63	7	11,000	++++	5120	18
5	43	7	4,800	++	640	12
6	30	3	4,000	++	320	13
7	35	3	5,200	+	160	12
Avg.	43.43	6.14				15.71

TABLE 2.—TREATED CASES

Case Number	Age	Duration of Illness in Days When Para-Aminobenzoic Acid Therapy was Begun	Lowest W.B.C.	Rash	Highest Titer Weil-Felix OX-19	Total Duration Fever in Days	Amount Para-Aminobenzoic Acid Given in Grams	Maximum Blood Level Para-Aminobenzoic Acid Mg. per hundred cc.
8	32	5	8,700	++	160	7	102	8.9
9	55	8	7,000	+	160	12	164	7.0
10	62	11	5,600	++	160	20	174	Not done
11	82	4	6,300	+	320	11	222	7.7
Avg. without 10	56	5.67				10		
Avg. with 10	58	7				12.5		

leagues and I have been far too cautious in administering the drug for not once in this series was a blood level of 10 reached; and second, a summary of the 3 cases treated early shows what is probably some benefit. Parenthetically it might be said here that our reason for caution in giving a new drug was because the drug was new. Large doses must be given to obtain satisfactory blood levels. In a case more recently treated, not included in the present report, an initial dose of 8 Gm. and 4 Gm. every two hours day and night thereafter were given, and the drug level of 11 and 14 was obtained. This is what is now believed to be the effective range in endemic typhus. In the cases here included, the patients received only half or a little more than half of this amount. The

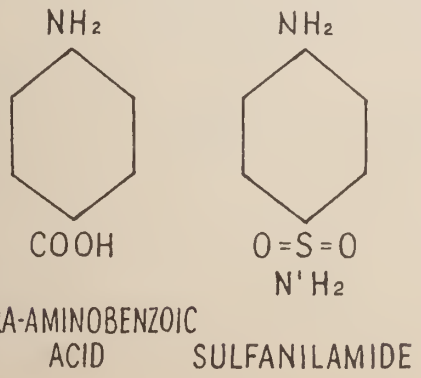
other reason for caution was because endemic typhus in this locality is apparently a relatively benign disease. In none of the proved cases has there been a death.

In case 8, the patient, a woman aged 32, was admitted to the hospital on what was probably the fourth day of her illness, although she had not felt well previously for two or three days. The temperature on admission was 104 F. She was obviously very ill, and the reaction to the agglutination test was positive. Treatment with para-aminobenzoic acid was begun on the day following admission, and her temperature was normal two days later and remained so. This short duration of fever was not observed in any cases of the control group.

The patient in case 9 was a man aged 55, who was admitted to the hospital on the seventh day of his illness. Therapy with para-aminobenzoic acid was begun the following day. The fever began to subside immediately, and four days later the temperature was normal and remained so. His improvement, both subjectively and objectively, was great, and this was during the second week of his illness when most patients with typhus are at their worst.

In case 10 the patient was an 82 year old man, admitted to the hospital after having been ill only one day. The diagnosis was not established until three days later. There was some difficulty in getting him to take the medication as ordered, and blood levels remained lower than desired. The temperature, however, reached normal and remained so seven days after therapy was begun. This was the oldest patient in the series, and it is not unlikely that para-aminobenzoic acid was instrumental in his recovery.

There have now been fairly well established several important admonitions concerning the use of this drug. Pharmacologically, para-aminobenzoic acid is a white crystalline powder, slightly soluble in water, more soluble in alkaline solutions. Chemically, it is similar to the sulfonamides.



PARA-AMINOBENZOIC ACID SULFANILAMIDE

Since para-aminobenzoic acid is a part of yeast, it has been suspected of being a vitamin, but its identity as such has never been proved, although its presence is known to be essential for the growth of certain bacteria. In vitro para-aminobenzoic acid inhibits the effect of the sulfonamides. Part of the para-aminobenzoic acid absorbed from the gastrointestinal tract is conjugated in the liver to form para-amino hippuric acid, which, incidentally, has been shown to be entirely inert against several strains of the rickettsia in experimental infections. The unconjugated para-aminobenzoic acid and para-amino hippuric acid are rapidly excreted in the urine.[5]

Experimentally, also, there is evidence[11] to show that the mode of action of para-aminobenzoic acid is rickettsiostatic rather than rickettsiocidal. That is, the drug probably inhibits the multiplication of rickettsias inside the cells, thereby permitting the immunity mechanisms of the body to dispose of them. Treatment with para-aminobenzoic acid therefore probably never prevents the development of immunity in the host. That is to say, no matter how early the administration is begun, the Weil-Felix and complement fixation reactions will become positive.

Para-aminobenzoic acid should be given with sodium bicarbonate or other alkali so as to keep the urine alkaline throughout treatment. (Para-aminobenzoic acid has elsewhere been given intravenously, the sodium salt being used.) It is important that a freshly voided specimen of urine be tested twice daily and the hydrogen ion concentration kept at 7 or above. Crystallization of the drug may occur in the kidneys if the urine is acid.

If crystallization does occur, the drug should be discontinued. Usually a half ounce of a 5 per cent solution of soda for each gram of the drug, given with the drug, will suffice to keep the urine alkaline, but the reaction should be kept alkaline at any cost.

In murine typhus the effective drug level is above 10 mg. per hundred cubic centimeters of blood. For testing the blood level, blood should be taken just before a dose is to be given or two hours after a previous dose because the drug is excreted or metabolized rapidly. If samples are taken too soon after a dose, too high results will be obtained. In our experience, for average-sized adults (of 150 pounds) it is necessary to give 8 Gm. as the initial

dose and 3 or 4 Gm. every two hours day and night to maintain levels of 10 or over. In the presence of renal disease it has been reported that blood levels have become very high. In calculating the blood nonprotein nitrogen when para-aminobenzoic acid is being given, it is important to correct the total nonprotein nitrogen by subtracting that contributed by para-aminobenzoic acid, which, of course, contains nonprotein nitrogen.

The drug should be administered for forty-eight hours after the temperature has reached normal. Sulfonamide drugs should not be given during the course of treatment with para-aminobenzoic acid. The effect of sulfonamide is inhibited in vitro by even small doses of para-aminobenzoic acid. If complications arise requiring other drugs, penicillin or streptomycin should be used in conjunction with para-aminobenzoic acid. The white blood cell count should be watched at frequent intervals during treatment, and if a count of 3,000 or a reduction of polymorphonuclear leukocytes below 25 per cent should occur, treatment should probably be discontinued. These occurrences are rare.

CONCLUSION

Para-aminobenzoic acid, as given by us in the last three years in a few cases of endemic typhus, has proved to be an exceedingly safe and well tolerated drug. In our limited experience it seems to be effective in shortening the duration of the disease. From the literature certain important points in the administration of para-aminobenzoic acid have been reviewed.

I wish to thank the following physicians for permission to include their cases in this series: Dr. T. Hugh Roberts, Dr. William P. Logan, Dr. John W. Vaughn, Dr. Everett S. King, Dr. George C. Overstreet and Dr. Samuel J. Clark.

REFERENCES

1. Snyder, J. C.; Maier, J.; and Anderson, C. R.: Report to the Divison of Medical Sciences, National Research Council, Dec. 26, 1942.
2. Hamilton, H. L.; Plotz, H.; Smadel, J. E.: Effect of Para-aminobenzoic Acid on Growth of Typhus Rickettsiae in the Yolk Sac of Infected Chick Embryo, Proc. Soc. Exper. Biol. & Med. 58:255-262 (March) 1945.
3. Greiff, D.; Pinkerton, H.; and Moragues, V.: Effect of Enzyme Inhibitors and Activators on the Multiplication of Typhus Rickettsiae; Penicillin, Para-aminobenzoic Acid, Sodium Fluoride, and Vitamins of B Group, J. Exper. Med. 80:561-574 (Dec.) 1944.
4. Yeomans, A.; Snyder, J. C.; Murray, E. S.; Zarafonetis, C. J. D.; and Ecke, R. S.: The Therapeutic Effect of Para-aminobenzoic Acid in Louse-Borne Typhus Fever, J. A. M. A. 126:349-356 (Oct. 7) 1944.
5. Snyder, J. C.; Yeomans, A.; Clement, D. H.; Murray, E. S.; Zarafonetis, C. J. D.; Tierney, N. A.: Further Observations on the Treatment of Typhus Fever with Para-aminobenzoic Acid, Ann. Int. Med. 27:1-27 (July) 1947.
6. Tierney, N. A.: Effect of Para-aminobenzoic Acid in Tsutsugamushi Disease, J. A. M. A. 131:280-285 (May 25) 1946.
7. Smith, P. K.: The Use of Para-aminobenzoic Acid in Endemic (Murine) Typhus, J. A. M. A. 131:1114-1117 (Aug. 3) 1946.
8. Rose, H. M.; Duane, R. B.; and Fischel, E. E.: Treatment of Spotted Fever with Para-aminobenzoic Acid, J. A. M. A. 129:1160-1161 (Dec. 22) 1945.
9. Ravenel, S. F.: Para-aminobenzoic Acid Therapy of Rocky Mountain Spotted Fever; Outline of a Comprehensive Plan of Treatment with Report of Five Cases, J. A. M. A. 133:989-994 (Apr. 5) 1947.
10. Anigstein, L.; Bader, M. N.: Para-aminobenzoic Acid—Its Effectiveness in Spotted Fever in Guinea Pigs, Science 101:591-592 (June 8) 1945.
11. Zarafonetis, C. J. D.; Snyder, J. C.; Murray, E. S.: Immunity Following Para-aminobenzoic Acid Therapy in Experimental Tsutsugamushi Disease (Scrub Typhus), Proc. Soc. Exper. Biol. & Med. 61:240-242 (March) 1946.

Box 1021.

Make Hotel Reservations Early

Seventy-Fourth Annual Convention

St. Augustine, April 11-14, 1948

ABSTRACTS OF MEDICAL ARTICLES

ABDOMINAL ACTINOMYCOSIS. By Edward M. Farris, M.D., and Russell V. Douglas, M.D. Arch. Surg. 54:434-444 (April) 1947.

The clinical manifestations and therapy of abdominal actinomycosis are reviewed. Five cases treated at the Grady Memorial Hospital, Atlanta, Ga., within twenty-two months, without mortality, by the combined use of surgical treatment and prolonged chemotherapy are reported. In all 5 of these cases of this disease, in which the prognosis was extremely grave prior to the advent of sulfonamide drugs and penicillin, apparent cures resulted.

Although the status of penicillin in the treatment of abdominal actinomycosis is not yet fully established, in view of encouraging reports on its clinical use it was used in conjunction with sulfadiazine therapy, and the value of chemotherapy was supported by the fact that, after its prolonged use, the numerous microscopic sections and repeated cultures of the surgically excised tissue showed no evidence of actinomycotic infection in 4 of the 5 cases. Prolonged chemotherapy combined with adequate surgical treatment is, therefore, presented as the treatment of choice. That surgical therapy is of utmost importance is stressed, for surgical drainage of all abscesses and excision of diseased tissue, in so far as can be achieved, remains a most important factor in the treatment of this disease.



THE USE OF ATABRINE IN THE TREATMENT OF INTESTINAL PROTOZOA. By Clarence Bernstein, M.D. Quart. J. Fla. Acad. Sci. 9 (1):47-49 (March) 1946.

In the 34 cases of protozoan parasite infestation presented, the parasites were eradicated by the use of atabrine dihydrochloride (quinacrine hydrochloride). In the series there were 30 carriers of Endamoeba histolytica cysts, 1 of Giardia, 2 of Endolimax nana and 1 of Endamoeba coli. No cases of trophozoites or active motile forms were encountered. The average course of medication was 0.1 Gm. of atabrine three times a day for five days, followed by a five day rest and then repeated. No complications were encountered from treatment.

Atabrine first was used in resistant amebic cyst cases and later in all cases of chronic cyst carriers. The drug, it is pointed out, already has an honorable record in the battle against malaria; and its effects, especially in the medical history of World War II, have been abundantly recorded.

The importance of the complete eradication of the amebic cyst from the carrier is stressed, since such a person is a potential source of infection to himself and others and is a serious public health problem. The advisability of further studies is emphasized, not only to confirm the present work, but because the remissive nature of this disease makes any two year report preliminary and tentative.



WOUND CLOSURE WITHOUT THE USE OF GRAFTS. By Thomas O. Otto, M.D. Ann. Surg. 125:778-787 (June) 1947.

The author sets forth the possibilities of wound closure anatomically and physiologically by two ancient surgical procedures, namely, the radical undermining of wound margins and interpolation. Interpolation is defined as the surgical transplantation of tissue. In dealing with approximately 11,000 battle wounded, all wounds, it is pointed out, were closed by excision of the wounds, the radical undermining of the margins and the employment of marginal flaps when necessary.

Multiple stage closure is termed practicable when wounds do not permit closure after radical undermining; repeated undermining and closure can be carried out at intervals as early as two weeks. When tension is too great to assure wound closure by radical undermining, marginal flaps may be cut and rotated across the wound.

Secondary wound closure by these methods, it is proved, restores normal functions more quickly than the use of grafts. The methods reviewed permit definitive surgery in a shorter elapsed time. Diagrams showing the distances proved safe for mobilization in different anatomic locations and photographs illustrating the various stages of closure in 6 cases are presented.



FOUNTAIN OF YOUTH



CASTILLO DE SAN MARCOS



OLDEST WOODEN SCHOOL



OLD SPANISH TREASURY PATIO



OLDEST HOUSE

St. Augustine

St. Augustine has been chosen by the Florida Medical Association as its annual meeting place from April 11 to 14, 1948. Headquarters will be in the beautiful, palatial Ponce de Leon Hotel.

The Ancient City, the oldest of European origin having continued existence, is anticipating the entertainment of the physicians of the State, their wives, and the guest speakers, and will give them a royal welcome.

Some fifty years after Ponce de Leon discovered Florida, a French colony found a likely spot on the St. Johns River, and the Spanish Admiral Pedro Menendez de Aviles was assigned to remove it. It was necessary to establish a base of operations in the wilderness, so the Spaniards disembarked at an Indian village called Seloy and began to fortify the poor communal house there. With their hands and whatever tools they could find, they dug ditches and erected earthen ramparts. The settlement was established in formal ceremony on Sept. 8, 1565, and, appropriately, it was named St. Augustine, since Menendez had made his landing on the feast day of that Saint.

Attacks by pirates and enemies of Spain followed in quick succession, and Spain was determined to build an impregnable Castillo, a fortress of stone. Its defenses held through the years. In 1702 the South Carolinians laid siege to it for two months, and in 1740 James Oglethorpe with a thousand men hurled bombs and shot across the Bay for twenty-seven days, but Spanish ships arrived in time with supplies for the defenders. When the British captured Havana, Spain ceded St. Augustine and all of Florida to the British for its return. During the



ALLIGATOR FARM

Convention City

ensuing twenty years the English built a vast plantation system that loaded cargoes of Indigo, cotton, oranges, and naval stores aboard great ships riding off the bar of St. Augustine. Florida was restored to Spain by the Treaty of Paris in 1783, but its fighting days were not over; the new settlers demanded removal of the Seminole Indians to the west, and the town once more became a military base for the Indian War of the 1830's.

Meanwhile, St. Augustine was slowly gaining renown as a health resort, but primitive and poor means of transportation delayed its growth until Henry Flagler chanced to vacation there. It was through his great vision that the fine hotels of the 1880's were built, the railroad extended, and the entire east coast of Florida developed.

Rich in historical background and natural beauty, St. Augustine is proud of its spacious hotels, its twelve beautiful denominational churches, its two modern hospitals, both on the approved list of the American College of Surgeons, eight parks, its splendid schools, radio station, thirty-five miles of beaches and yachting and fishing facilities, the unique beautiful Marine Studios, the famous Lightner Hobby Museum, now housed in the former Alcazar Hotel, its fine 18-hole golf course, its first-class theatres, including the Artillery Lane Playhouse, the ancient Cathedral and beautiful LaLeche Shrine, the Fountain of Youth, the Oldest House, the Alligator Farm, the Old School House, and other attractions.

St. Augustine, with its delightful blending of the ancient and the modern, is indeed a happy choice for this convention of medical men.



LA LECHE SHRINE



LIGHTNER MUSEUM



VILLA ZORAYDA



MARINE STUDIOS

PROGRAM

of the

Seventy-Fourth Annual Meeting

FLORIDA MEDICAL ASSOCIATION

To Be Held at ST. AUGUSTINE
APRIL 11, 12, 13, and 14, 1948

REGISTRATION

The Main Registration Desk will be open Sunday, Monday and Tuesday, 8:30 a.m. to 5:30 p.m., and Wednesday, 8:30 a.m. to 1:00 p.m. Every member will be required to register and obtain an identification badge before attending any of the sessions. Guests and ladies are required to register at the Main Registration Desk and obtain their badges.

CONVENTION HEADQUARTERS

Ponce de Leon Hotel

The general headquarters will be the Ponce de Leon Hotel, where the registration desk, assembly room for general sessions, meeting place of the House of Delegates, information desk and technical exhibit hall will be located. The scientific assemblies will be held in the Jefferson Theatre, across the street from the hotel.

The Ponce de Leon Hotel will be headquarters for specialty groups Saturday and Sunday.

HOTELS

PONCE DE LEON — *Hotel Headquarters*

(American Plan)

Single $12.00 *Double $22.00*

Other Hotels *(European Plan)*	*Single*	*Double*
Alhambra	$3.50 up	$5.00 up
Barcelona	$3.00	$5.00
Bennett	$4.00-$5.00	$8.00
Buckingham	$3.00	$4.00-$5.00
" (Without Bath)	$2.50	$3.00-$4.00
Casa Marina	$4.00	$5.00-$7.00
Castle Warden	$5.00-$8.00	$6.00-$14.00
Marion	$3.50-$5.00	$5.50-$10.00
Monson	$4.00-$5.00	$8.00
Ocean View		$12.00

" Rooms, Connecting Baths for Groups of 3-4-5, $10.00-$12.00 per couple

Dr. Edward S. Miller is local chairman on hotels and rates.

GOLF

The annual handicap golf tournament for members of the Florida Medical Association will be played at the St. Augustine Golf Links, located 2 miles north on Route 1. The tournament will be held Monday and Tuesday, April 12 and 13. The links will be available to members of the Association for practice rounds on Saturday and Sunday, April 10 and 11. Those wishing to participate in the tournament must be registered and show F. M. A. badges.

Rules: U. S. Golf Association, except local rules.

Handicaps: Three-fourths official handicap with a maximum of 20 strokes. The entrant must register with the starter and give his handicap before beginning his tournament round.

Score card must be dated, signed, attested and turned in to the starter at the end of the round.

Voucher for prizes will be awarded at the Association dinner. First prize: Orlando Loving Cup (low net score). Many other prizes will be awarded. *(The last winner of the Orlando Loving Cup, Dr. Walter F. Davey, is requested to deliver the cup to Dr. Vernon A. Lockwood, chairman of the local committee, on his arrival at the convention.)*

This is a championship course and will be in excellent condition.

For additional information, communicate with Dr. Vernon A. Lockwood, 145 King Street, St. Augustine, telephone 1209.

There is a fine putting green on the hotel grounds of the Ponce de Leon Hotel.

TECHNICAL EXHIBITS

Technical exhibits will be located in parlors of the Ponce de Leon Hotel. The technical exhibits have a real scientific value, and physicians who wish to keep abreast of the times and be familiar with the latest development in drugs and medical appliances should spend some time with these exhibits; a surprising amount of useful information can be procured in this way. Many exhibitors have nothing to sell, the representatives of the firms being there to give the latest information regarding their products. Those who have items for sale will gladly give information whether there is a purchase or not. Be sure to register your name with the various representatives who are exhibiting.

The following firms have arranged for exhibits at the St. Augustine meeting:

A. S. Aloe Company
American Optical Company
Anderson Surgical Supply Company
The Borden Company
Byron Thompson & Company, Inc.
Camel Cigarettes
Cameron Surgical Specialty Company
Ciba Pharmaceutical Products, Inc.
The Coca-Cola Company
The Ediphone Company
C. B. Fleet Company, Inc.
General Electric X-Ray Corp.
Holland-Rantos Company, Inc.
Keleket X-Ray of Florida
Lederle Laboratories
Eli Lilly Company
J. B. Lippincott Company
M & R Dietetic Laboratories, Inc.
Mead Johnson & Company
The William S. Merrell Company
Ortho Pharmaceutical Corp.

Parke, Davis & Company
Pet Milk Company
Philip Morris & Company
Schering Corporation
Spencer, Incorporated
E. R. Squibb & Sons
Tablerock Laboratories
R. H. Thomas
Walker Vitamin Products, Inc.

SMOKER *(Not Stag)*

Monday, 9:00 p.m.

St. Augustine Golf Links

(About 2 miles north of St. Augustine, Route 1)

Admission by F. M. A. Badge Only

A delightful evening of entertainment including an old-fashioned barbecue followed by dancing at the Country Club has been arranged for members, their guests and the ladies by the Smoker Committee, of which Dr. Eugene T. Foy is local chairman.

ASSOCIATION DINNER

Tuesday, 7:00 p.m.

Ponce de Leon Hotel — Main Dining Room

Those who are not guests of the headquarters hotel may obtain dinner tickets ($3.50 per person) at the cashier's window.

ALUMNI AND FRATERNITY SUPPERS

Monday, 6:00 p.m.

Ponce de Leon Hotel — Main Dining Room

All persons wishing to attend an Alumni or Fraternity Supper are requested to notify Dr. Hardgrove S. Norris, local chairman, 145 King Street, St. Augustine, telephone 974. It will be impossible to arrange for these suppers until word is received from all those who wish to attend. Please notify Dr. Norris well in advance of the convention and specify which group you wish to attend. Each doctor planning to attend is requested to make reservation at the information desk in the Main Lobby of the Ponce de Leon Hotel before 12:00 noon Monday.

OFFICERS OF THE ST. JOHNS COUNTY MEDICAL SOCIETY

Hardgrove S. Norris, *President*
Edward S. Miller, *Vice President*
S. Raymond Cafaro, *Secretary*
Joseph A. Shelley, *Treasurer*

LOCAL COMMITTEES

CABINET

Herbert E. White, *Chairman*

Eugene T. Foy — Donald T. Rankin
Vernon A. Lockwood — Reddin Britt
Edward S. Miller — Hardgrove S. Norris
S. Raymond Cafaro — Charles C. Grace

SMOKER

Eugene T. Foy, *Chairman*

S. Raymond Cafaro — Charles C. Grace
Joseph A. Shelley

GOLF

Vernon A. Lockwood, *Chairman*

S. Raymond Cafaro — Robert D. Harris, Jr.
J. J. Spencer

HOTELS AND RATES

Edward S. Miller, *Chairman*

A. Clark Walkup — Walter D. Webb
Eugene T. Foy

CONVENTION

HEADQUARTERS

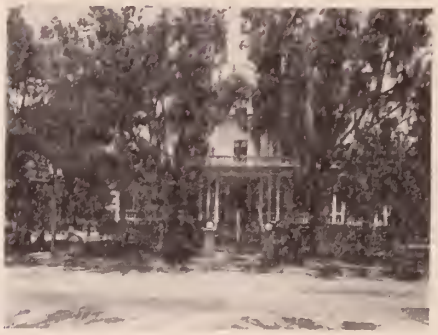
Ponce de Leon

St. Augustine, Florida





ALHAMBRA HOTEL



BARCELONA HOTEL



BENNETT HOTEL



BUCKINGHAM HOTEL



CASA MARINA HOTEL



CASTLE WARDEN HOTEL



MARION HOTEL



MONSON HOTEL



OCEAN VIEW HOTEL

TRANSPORTATION—PARKING

S. Raymond Cafaro, *Chairman*

J. J. Spencer A. Clark Walkup
Joseph A. Shelley

PROJECTING LANTERN

Donald T. Rankin, *Chairman*

Charles C. Grace Edward S. Miller
J. J. Spencer

LADIES' ADVISORY

Reddin Britt, *Chairman*

Vernon A. Lockwood G. Walter Potter
S. Raymond Cafaro Walter D. Webb

ALUMNI AND FRATERNITY SUPPERS

Hardgrove S. Norris, *Chairman*

Eugene T. Foy Edward S. Miller
Robert D. Harris, Jr.

FINANCE

Charles C. Grace, *Chairman*

Herbert E. White A. Clark Walkup
Vernon A. Lockwood

WINNERS OF THE ORLANDO LOVING CUP

The Orlando Loving Cup was donated by the Orange County Medical Society at the Annual Meeting of the Florida Medical Association in 1931 at Orlando.

1931—M. A. Lischkoff, Pensacola
1932—Clarence A. Rudisill, Tampa
1933—Blackburn W. Lowry, Tampa
1934—Heyward J. Blackmon, Tampa
1935—M. A. Lischkoff, Pensacola
1936—Shaler Richardson, Jacksonville
1937—J. R. Chandler, Daytona Beach
1938—William Y. Sayad, West Palm Beach
1939—James T. Cowart, Tampa
1940—Lucien B. Dickerson, Clearwater
1941—William C. Roberts, Panama City
1942—Clarence A. Rudisill, Tampa
1943—No tournament
1944—No tournament
1945—No tournament
1946—Walter C. Jones, Miami
1947—Walter F. Davey, Stuart

MONDAY

FIRST GENERAL SESSION

Monday, 9:00 to 9:30 a.m.

Jefferson Theatre

Call to Order, W. C. Thomas, President
Invocation, The Most Reverend Thomas J. McDonough, D.D., J.C.D.
Address of Welcome, Hardgrove S. Norris, President, St. Johns County Medical Society
Announcements
Adjournment

SCIENTIFIC ASSEMBLIES

Committee on Scientific Work: J. Rocher Chappell, Chairman, Orlando; Jere W. Annis, Lakeland; Frederick K. Herpel, West Palm Beach; Daniel A. McKinnon, Marianna; Herbert E. White, St. Augustine.

Attention is called to the following By-Laws:

"All papers read before the Association shall be its property. Every paper shall be deposited with the secretary when read."

"No address or paper before the Association, except those of the president and orator, shall occupy more than fifteen minutes in its delivery, and no member shall speak longer than five minutes, or more than once on any one subject."

FIRST SCIENTIFIC ASSEMBLY

Monday, 9:30 to 11:50 a.m.

Jefferson Theatre

1. "The Fenestration Operation for Deafness; Analysis of One Hundred Cases" (Lantern Slides), J. Brown Farrior, Tampa
   Discussion: Walter T. Hotchkiss, Miami Beach
   Thomas M. Edwards, Tampa
2. "Acute Myocardial Infarction" (Lantern Slides), Henry Fuller, Lakeland
   Discussion: E. Sterling Nichol, Miami
   W. Dean Steward, Orlando
3. "The State Board of Health's Cancer Control Program; Outline of Cancer Problem in Florida and the Cancer Control Law as Passed by the Last Legislature," Wilson T. Sowder, Jacksonville
   Discussion: Harrison A. Walker, Miami
   John A. Beals, Jacksonville
4. "War Surgery Up Front with Motion Picture Illustrations," William C. Roberts, Panama City
   Discussion: J. Rocher Chappell, Orlando
   Don C. Robertson, Orlando

SECOND GENERAL SESSION

Monday, 1:30 p.m.

Ponce de Leon Hotel — Venido Room

Call to Order, W. C. Thomas, President
Gavel to First Vice President, Frank W. Hewlett
President's Address, W. C. Thomas
President Resumes Chair
Report of Secretary-Treasurer, Robert B. McIver, and Managing Director, Stewart G. Thompson
Report of Editor of The Journal, Shaler Richardson
Introduction, Delegates from other state societies
New Business
Announcements
Adjournment

FIRST MEETING HOUSE OF DELEGATES

Monday, 3:00 p.m.

Ponce de Leon Hotel — Venido Room

Delegates register at 3:00 p.m. and obtain special Badges at rear of room from Credentials Committee, Frank W. Hewlett, Chairman, Frank D. Gray and Bricey M. Rhodes
President Thomas in the Chair, 3:30 p.m.
Report of the Credentials Committee, Frank W. Hewlett, Chairman

Adoption of Minutes as published in June 1947 Journal

Recognition of Delegates to A. M. A. Meeting, June 1947: Duncan T. McEwan and Homer L. Pearson (*Official report read and approved for publication at a meeting of the Board of Governors*)

Recognition of Delegates to A. M. A. Meeting, January 1948: Homer L. Pearson and Louis M. Orr, II (*Official report read and approved for publication at a meeting of the Board of Governors*)

Election of one Delegate and one Alternate to A. M. A. House of Delegates for two-year terms
(*A. M. A. By-Laws, Chapter I, Sec. 1: "A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve."*)

Meeting Place, 1949 (*Recommendation of the Board of Governors*)

Reference Committee Personnel announced by President

Presentation of Resolutions (*Resolutions not included in House of Delegates Handbook and supplemental additions to annual reports of chairmen of committees should be typed in duplicate and placed on the speaker's table immediately after they are presented.*)

Reports of Committees:
- Board of Governors, Walter C. Payne
- Scientific Work, J. Rocher Chappell
- Legislation and Public Policy, Harold D. Van Schaick
- Medical Education and Hospitals, George M. Dawson
- Public Relations, Frank G. Slaughter
- Necrology, Courtland D. Whitaker
- Medical Postgraduate Course, Turner Z. Cason
- Cancer Control, Frederick K. Herpel
- Medical Economics, Harrison A. Walker
- Venereal Disease Control, E. Thomas Sellers
- Interrelationship, Henry J. Peavy
- Tuberculosis and Public Health, Louie Limbaugh
- State Controlled Medical Institutions, J. Maxey Dell
- Maternal Welfare, Samuel R. Norris
- Child Health, Luther W. Holloway
- Conservation of Vision, Joseph W. Taylor
- Advisory to Woman's Auxiliary, Annette M. Feaster
- Representatives to Industrial Council, Frank L. Fort
- Council, W. Duncan Owens

New Business

Announcements

Adjournment

ALUMNI AND FRATERNITY SUPPERS

Monday, 6:00 p.m.

PONCE DE LEON HOTEL — MAIN DINING ROOM

SMOKER (*Not Stag*)

Monday, 9:00 p.m.

ST. AUGUSTINE GOLF LINKS

(*About 2 miles north of St. Augustine, Route 1*)
Admission by F. M. A. Badge Only

A delightful evening of entertainment including an old-fashioned barbecue followed by dancing at the Country Club has been arranged for members, their guests and the ladies by the Smoker Committee, of which Dr. Eugene T. Foy is local chairman.

TUESDAY

BOARD OF PAST PRESIDENTS

Tuesday, 8:00 a.m.

PONCE DE LEON HOTEL — PRIVATE DINING ROOM
Breakfast

Election of Chairman, Vice Chairman and Secretary

SECOND SCIENTIFIC ASSEMBLY

Tuesday, 9:00 to 11:25 a.m.

JEFFERSON THEATRE

5. Symposium on Hypertension
"Ophthalmoscopic Observations in Hypertension and Their Import," Shaler Richardson, Jacksonville
6. "The Medical Management of Hypertension; a Review of the Newer Methods of Treatment," Meredith Mallory, Sr., and W. Dean Steward, Orlando
7. "Hypertension; Recent Trends in the Surgical Treatment" (Lantern Slides), Ashbel C. Williams, Jacksonville
8. "Hemiplegia; Treatment by Stellate Ganglion Block," Thomas C. Butt and Fred Mathers, Orlando
Discussion: Robert M. Harris, Miami
W. Tracy Haverfield, Miami
George D. Lilly, Miami
Joseph W. Taylor, Tampa

THIRD GENERAL SESSION

Tuesday, 11:30 a.m.

JEFFERSON THEATRE

Call to Order, W. C. Thomas, President

Address (by invitation), "The Treatment of Anemia" (Lantern Slides), Russell L. Haden, Cleveland Clinic, Cleveland

---

SECOND MEETING HOUSE OF DELEGATES

Tuesday, 2:00 to 5:00 p.m.

PONCE DE LEON HOTEL — VENIDO ROOM

Roll Call (*No alternates are to be seated for delegates attending yesterday's meeting*)

Recommendations of Reference Committees:
- No. 1. Health and Education
- No. 2. Public Policy
- No. 3. Finance and Administration

Other Unfinished Business

Announcements

Adjournment

ASSOCIATION DINNER

Tuesday, 7:00 p.m.

PONCE DE LEON HOTEL — MAIN DINING ROOM

Those who are not guests of the headquarters hotel may obtain dinner tickets ($3.50 per person) at the cashier's window.

VOUCHER FOR PRIZES

At Association Dinner
Golf and Other Sports Events

WEDNESDAY

THIRD SCIENTIFIC ASSEMBLY

Wednesday, 9:00 to 11:50 a.m.

Jefferson Theatre

9. "Ligation Patent Ductus Arteriosus" (Lantern Slides), Kenneth A. Morris, Jacksonville
   Discussion: Karl B. Hanson, Jacksonville
   Councill C. Rudolph, St. Petersburg
10. "Amebiasis with Especial Reference to Electrocardiographic Changes in Patients Treated with Emetine Hydrochloride" (Lantern Slides), Webster Merritt, Jacksonville
    Discussion: James L. Borland, Jacksonville
    Jere W. Annis, Lakeland
11. "Chronic Ulceration of the Lower Leg Treated by Excision and Skin Grafting; a Report of Three Cases," F. Hardy Bowen, Jacksonville
    Discussion: David R. Murphey, Jr., Tampa
    George W. Morse, Pensacola
12. "Influenzal Bacillus Meningitis: (a Review of the Literature and the Report of One Case; the Use of Streptomycin as a Therapeutic Agent," Daniel F. H. Murphey, St. Petersburg
    Discussion: Councill C. Rudolph, St. Petersburg
    James R. Boulware, Jr., Lakeland

PROJECTORS

The Committee on Projecting Lantern, of which Dr. Donald T. Rankin is chairman, has arranged for a projecting lantern for use in the Jefferson Theatre. An operator will be available at all times.

THIRD MEETING HOUSE OF DELEGATES

Wednesday, 12:00 Noon

Ponce de Leon Hotel — Venido Room

President Thomas in the Chair
(*No alternates are to be seated for delegates attending yesterday's meeting.*)
Unfinished Business
New Business
Election of President-elect
Election of First Vice President
Election of Second Vice President
Election of Third Vice President
Election of Secretary-Treasurer
Election of Editor of The Journal
Dr. Joseph S. Stewart escorted to the Chair as new President
Presentation of Past President's Button and Certificate of Honor to Dr. W. C. Thomas by Dr. Joseph S. Stewart, President
Adjournment

ANNUAL MEETING

FLORIDA **ACADEMY** OF **PUBLIC MEDICINE**

Officers

W. C. Thomas, President	Gainesville
Edward Jelks, Vice President	Jacksonville
Robert B. McIver, Vice President	Jacksonville
Shaler Richardson, Secy.-Treas.	Jacksonville

Wednesday, April 14

Ponce de Leon Hotel — Venido Room

2:00 p.m. Dr. Thomas presiding
Reading of Minutes of Last Meeting
Election of Board of Directors
Recess

ANNUAL MEETING

FLORIDA **MEDICAL SERVICE CORPORATION**

Officers

Leigh F. Robinson, President	Ft. Lauderdale
Walter C. Jones, Vice President	Miami
Mother Loretta Mary, Vice President	Tampa
Frederick J. Waas, Treasurer	Jacksonville
John A. Beals, Asst. Treasurer	Jacksonville
Herbert E. White, Secretary	St. Augustine

Wednesday, April 14

Ponce de Leon Hotel — Venido Rooom

Dr. Robinson presiding

NINTH ANNUAL MEETING

FLORIDA SOCIETY OF **OPHTHALMOLOGY** AND **OTOLARYNGOLOGY**

Officers

William Y. Sayad, President	West Palm Beach
Bascom H. Palmer, Vice President	Miami
W. Jerome Knauer, Secy.-Treas.	Jacksonville

Sunday, April 11

Ponce de Leon Hotel—"L" Parlor

3:30 p.m. Scientific Session
1. President's Address of Welcome, William Y. Sayad, West Palm Beach
2. "Neuralgia of the Superior Laryngeal Nerve," Charles C. Grace, St. Augustine
   Discussion: F. Merrill Wattles, Orlando
   Thomas M. Irwin, Jacksonville
3. "Dacryocystorhinostomy," Marion W. Hester, Lakeland
   Discussion: Walton B. Wall, Jr., Orlando
   Thomas M. Edwards, Tampa
4. Business Meeting
5. Annual Report of Florida Council for the Blind, Mr. M. Robert Barnett, Executive Secretary, Tampa

8:00 p.m. Scientific Session
1. Guest Speaker
2. Guest Speaker
3. Election of Officers

TENTH ANNUAL MEETING

FLORIDA **PEDIATRIC** SOCIETY

Officers

James R. Boulware, Jr., President	Lakeland
Edgar W. Stephens, Jr., Vice President	West Palm Beach
Hugh A. Carithers, Secy.-Treas.	Jacksonville

Sunday, April 11

Ponce de Leon Hotel — Cocktail Lounge

3:30 p.m. Round Table: "Common Skin Diseases in Children," Wesley W. Wilson, Tampa
4:30 p.m. "Hazards of Antibiotic Therapy," (by invitation), Ralph Platou, Professor of Pediatrics, Tulane University
5:30 p.m. Business Session and Election of Officers
6:00 p.m. Refreshments
7:00 p.m. Annual Banquet
8:30 p.m. Kodachrome Clinic, Dr. Platou

SEVENTEENTH ANNUAL SPRING MEETING
FLORIDA **RADIOLOGICAL** SOCIETY

OFFICERS

J. Maxey Dell, Jr., President — Gainesville
James F. Pitman, Vice President — Lake City
John A. Beals, Secy.-Treas. — Jacksonville

Saturday, April 10

PONCE DE LEON HOTEL—PRIVATE DINING ROOM

2:00 p.m. Round Table Discussions

Sunday, April 11

PONCE DE LEON HOTEL—PRIVATE DINING ROOM

10:00 a.m. Business Session and Election of Officers
2:00 p.m. Round Table Discussions
6:30 p.m. Banquet
8:00 p.m. Round Table Discussion

SIXTH ANNUAL MEETING
FLORIDA **PATHOLOGICAL** SOCIETY

OFFICERS

V. Marklin Johnson, President — West Palm Beach
Nelson A. Murray, Vice President — Jacksonville
Gretchen V. Squires, Secy.-Treas. — Pensacola

Sunday, April 11

PONCE DE LEON HOTEL—PRIVATE DINING ROOM

9:00 a.m. Slide Seminar
"Pathology of Lymph Nodes," R. Philip Custer, Moderator
2:00 p.m. General Session
Discussion of Pending Legislation
Technical Problems
Election of New Members
Election of Officers
7:00 p.m. Dinner Meeting
Address (by invitation), "Hodgkin's Disease and Allied Lymphomas," R. Philip Custer
Note: All members of the Florida Medical Association will be welcome to attend.

THIRD ANNUAL MEETING
FLORIDA **HEALTH OFFICERS'** SOCIETY

OFFICERS

Wm. E. Van Landingham, President — West Palm Beach
Roger F. Sondag, Vice President — Jacksonville
Lorenzo L. Parks, Secy.-Treas. — Jacksonville

Sunday, April 11

PONCE DE LEON HOTEL—VENIDO ROOM

2:00 p.m. Scientific Session
1. "Progress in Public Health in Florida," Wilson T. Sowder, State Health Officer, Jacksonville
2. "Latest Developments in Communicable Diseases," John A. Toomey, Department Pediatrics, Western Reserve School of Medicine, Cleveland
3. "Health Center Building Plans," Harry Handley, The Comonwealth Fund, New York City
4. "The Program of Diabetes Demonstration Unit in Duval County," Malcolm J. Ford, U. S. Public Health Service, Jacksonville

4:00 p.m. Business Meeting and Election of Officers

FLORIDA SECTION
AMERICAN COLLEGE OF PHYSICIANS

Webster Merritt, Program Chairman — Jacksonville

Sunday, April 11

PONCE DE LEON HOTEL—MAIN DINING ROOM

12:30 p.m. Luncheon

REGULAR MEETING OF THE FLORIDA SOCIETY OF
DERMATOLOGY AND **SYPHILOLOGY**

OFFICERS

Lauren M. Sompayrac, President — Jacksonville
Chadbourne A. Andrews, Vice President — Tampa
Wesley W. Wilson, Secy.-Treas. — Tampa

Sunday, April 11

PONCE DE LEON HOTEL—MAIN DINING ROOM

6:00 p.m. Dinner
6:30 p.m. Round Table Discussion of Cases
6:50 p.m. Business Meeting
7:00 p.m. Election of Officers

SECOND ANNUAL MEETING, FLORIDA
NEUROLOGY AND **PSYCHIATRY** SOCIETY

OFFICERS

H. Mason Smith, President — Tampa
James L. Anderson, Vice President — Miami
William H. McCullagh, Secy.-Treas. — Jacksonville

Sunday, April 11

PONCE DE LEON HOTEL—ROOM NO. 9

7:30 p.m. Scientific Session
1. "Shock Therapy," Walter G. Miles and James B. O'Connor, State Hospital, Chattahoochee
2. "The Value of the Electroencephalogram in the Localization of Intracranial Lesions," J. Robert Campbell, Tampa
3. "Problems in the Hospitalization of Neuropsychiatric Patients in Florida," Raymond S. Crispell, Chief of the Neuropsychiatric Division of the Veterans Administration, Atlanta, Ga.

Discussion: Leonard Roundtree, Chief Consultant of the Veterans Administration Hospital, Coral Gables

9:00 a.m. Business Meeting and Election of Officers

NINTH ANNUAL MEETING
FLORIDA ASSOCIATION OF
INDUSTRIAL AND **RAILWAY SURGEONS**

OFFICERS

Lloyd J. Netto, President — West Palm Beach
F. Hardy Bowen, President-elect — Jacksonville
John E. Maines, Jr., Vice President — Gainesville
John H. Mitchell, Secy.-Treas. — Jacksonville

Sunday, April 11

Ponce de Leon Hotel—"R" Parlor

8:00 p.m. "Internal Fixation in Various Types of Fractures of the Femur," George K. Carpenter, Nashville, Tenn.

Business Meeting

Election of Officers

SECOND ANNUAL MEETING, FLORIDA

GENERAL PRACTICE OF **MEDICINE** SOCIETY

Officers

Eugene G. Peek, President ..... Ocala
Vaughan A. Shaw, Vice President ..... Daytona Beach
M. Crego Smith, Secy.-Treas. ..... Clearwater

Sunday, April 11

Ponce de Leon Hotel—"R" Parlor

2:00 p.m. Address of Welcome, Eugene G. Peek, Ocala
"Background of Psychosomatic Medicine," Frank G. Slaughter, Jacksonville
3:00 p.m. Business Session and Election of Officers

FIRST ANNUAL MEETING

FLORIDA **ORTHOPEDIC** SOCIETY

Officers

Frank L. Fort, President ..... Jacksonville
Charles B. Mabry, Secy.-Treas. ..... Jacksonville

Sunday, April 11

Ponce de Leon Hotel—Room No. 9

2:00 p.m. Business Meeting
Election of Officers

ORGANIZATION MEETING

FLORIDA **HEART** ASSOCIATION

E. Sterling Nichol, Presiding ..... Miami

Sunday, April 11

Ponce de Leon Hotel—Room No. 63

2:00 p.m. An organization meeting to establish the Florida Heart Association will be held following the luncheon of the Florida Section of the American College of Physicians. There will be three papers on cardiology. Any member of the Florida Medical Association interested in any aspect of cardiology is invited to attend this meeting. In the evening there will be an informal social get-together of the heart group.

Election of officers

TWENTY-FIRST ANNUAL MEETING

WOMAN'S AUXILIARY

Local Committee Chairmen

Mrs. Reddin Britt ..... Chairman
Mrs. Donald T. Rankin ..... Co-Chairman
Mrs. A. Clark Walkup ..... Information
Mrs. Vernon A. Lockwood ..... Program
Mrs. Charles C. Grace ..... Decorations
Mrs. Robert D. Harris, Jr. ..... Decorations
Mrs. Edward S. Miller ..... Posters
Mrs. Donald T. Rankin ..... Publicity
Mrs. Hardgrove S. Norris ..... Social
Mrs. Eugene T. Foy ..... Social
Mrs. S. Raymond Cafaro ..... Transportation
Mrs. J. J. Spencer ..... Page
Mrs. Joseph A. Shelley ..... Page
Mrs. G. Walter Potter ..... Hospitality
Mrs. Walter D. Webb ..... Hospitality

REGISTRATION

The Main Registration Desk will be open Sunday, Monday and Tuesday, 8:30 a.m. to 5:30 p.m., and Wednesday, 8:30 a.m. to 1:00 p.m. Auxiliary members and guests will be required to register and obtain their identification badges before attending any of the functions. Doctors' wives are invited to attend all activities of the Auxiliary.

PROGRAM

Monday, April 12

Admission by F. M. A. Badge Only

12:30 p.m. Luncheon for Board Members in the Ponce de Leon Hotel Private Dining Room
1:30 p.m. Board Meeting, Private Dining Room
3:00 p.m. Tea for Auxiliary Members and Doctors' wives in the Monson Hotel Garden
9:00 p.m. Smoker—St. Augustine Golf Links

Tuesday, April 13

Ponce de Leon Hotel—Fourth Floor Rotunda

9:30 a.m. General Auxiliary Session
Call to Order, Mrs. Leslie M. Jenkins, President
Invocation, Rev. W. Howard Lee
Pledge of Allegiance to the Flag, Mrs. John E. Maines, Jr., Gainesville
Pledge of Auxiliary, Mrs. Reaves A. Wilson, Sarasota
Address of Welcome, Mrs. Reddin Britt, St. Augustine
Response, Mrs. Edward F. Shaver, Tampa
In Memoriam, Mrs. William C. Williams, Jr., West Palm Beach
Roll Call
Introduction of Guests
Reading of Minutes, Miami Convention, Mrs. Clarence D. Rollins, Jacksonville
Convention Rules of Order, Mrs. Hubert A. Barge, Miami
Reports:
Officers and Chairmen
County Presidents
President's Message, Mrs. Leslie M. Jenkins, Miami
Report of Nominating Committee, Mrs. Chester H. Murphy, Bartow, Chairman, Mrs. Kenneth E. Montgomery, West Palm Beach, Mrs. James L. Anderson, Miami
Election of Officers
Installation of Officers, Mrs. Frederick W. Krueger, Jacksonville
Courtesy Resolutions, Mrs. Charles R. DeArmas, Daytona Beach, Mrs. Eric H. Lenholt, Daytona Beach, Mrs. Vaughan A. Shaw, Daytona Beach
Announcements
Adjournment
1:00 p.m. Luncheon—Bennett Hotel
Mrs. Leslie M. Jenkins, Presiding
Dr. Joseph S. Stewart, Guest Speaker
Address of President of the Woman's Auxiliary to the Florida Medical Association
7:00 p.m. Association Dinner—Ponce de Leon Hotel, Main Dining Room



RUSSELL L. HADEN, M.D., GUEST SPEAKER

Dr. Russell Landram Haden, distinguished Virginian and prominent medical educator, was born in Palmyra, Va., May 22, 1888. He received from the University of Virginia the degree of Bachelor of Arts in 1910 and the degree of Master of Arts in 1911. His medical training was obtained at The Johns Hopkins University School of Medicine, and this institution conferred upon him the degree Doctor of Medicine in 1915. Following graduation he served as resident house officer at The Johns Hopkins Hospital in Baltimore for a year. The next year he became assistant resident physician at Henry Ford Hospital in Detroit. After serving in that capacity for a year, he held the position of director of laboratories there from 1917 to 1921, except for the period in 1918 and 1919 during which he served as a first lieutenant in the Medical Corps of the United States Army.

For nine years Dr. Haden was a member of the faculty of the University of Kansas School of Medicine. From 1921 to 1923 he was associate professor of medicine and from 1923 to 1930 he was professor of experimental medicine. Since 1930 he has been head of the department of medicine of the Cleveland Clinic in Cleveland, Ohio.

Dr. Haden is a fellow of the American Medical Association and of the American College of Physicians. Among the other medical organizations in which he holds membership are the American Association of Pathologists and Bacteriologists, the Central Society for Clinical Research, the American Society for Clinical Investigation, the American Society of Clinical Pathologists, the American Clinical and Climatological Association, and the Association of American Physicians.

A medical author of note, this eminent physician has written several books and is the contributor of numerous articles to medical periodicals of such subjects as diseases of the blood, focal infection and intestinal obstruction. In 1929, he was awarded a gold medal by the Radiological Society of North America for contributions to dental roentgenography.

From Our President

THE ART OF PRACTICING MEDICINE

The vocation of practicing medicine is the most exacting and demanding of professions. The preparation is longer and more expensive than that of any other profession. But the compensation is greater than that of all other professions—not in a pecuniary sense but in the realm of personal satisfaction. To achieve success in this exacting field, one has to learn the art of the practice of medicine. This art is the application and adaptation of medical science to the personality of the patient.

It was my privilege to come under the influence of three masters in the art and science of medicine, the late Drs. J. M. T. Finney, William S. Thayer and Louis Hamman. All three names are familiar to some if not to a great proportion of the members of the Florida Medical Association. These great men were at the very top as far as scientific medicine is concerned; yet each knew just how to apply this science to a patient, whether it called for a difficult operation, a special drug, simple advice, or considerate attention to a patient's story. It was illuminating to see the reaction of those suffering from various ills in response to a simple greeting or a pat on the shoulder from one of these outstanding physicians.

The successful practice of medicine is not in just knowing what laboratory procedure to undertake to make a diagnosis, or what type of operation is necessary, or what drug should be prescribed. These are necessary, but it is just as important to know the patient. Thus his reactions to therapeutics can be better estimated. Here the psychosomatic element plays such an important role in medicine. It is this factor which lays the foundation for confidence, which is absolutely essential to the successful practice of medicine.

The art of practicing medicine is not something we physicians receive as a gift, nor can it be inherited from our forefathers. But it is achieved by our own efforts based on experience and study, and leavened by our ability to understand our fellowman. The degree of success achieved can be measured by the extent to which we are motivated by ideals of alleviation of human suffering and the betterment of our fellowmen.



FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. McIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. McEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. McIVER, M.D. (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. McKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. McIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami*
THOMAS W. TAYLOR, M.D ..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48.*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MAXEY DELL, JR., M.D...AL-48.....*Gainesville*
JOSEPH H. RUTTER, M.D...B-49.....*Daytona Beach*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES, M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahoochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D ..AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51.....*DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48.*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

HOMER L. PEARSON, JR., M.D., Delegate.....*Miami*
WILLIAM M. DAVIS, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1948)
LOUIS M. ORR, II, M.D., Delegate.....*Orlando*
WILLIAM Y. SAYAD, M.D., Alternate...*West Palm Beach*
(Terms expire Dec. 31, 1949)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D.....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents

John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945..... *Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

SEVENTY-FOURTH ANNUAL MEETING

St. Augustine with all the quaint charm of its historic setting will be the host city this year for the Seventy-Fourth Annual Meeting of the Association on April 12, 13 and 14. The Ponce de Leon will be the headquarters hotel. There will be three scientific sessions since the time devoted to the scientific program has been extended to include Monday morning. In order to facilitate the presentation of illustrated papers, these sessions will be held each morning at the Jefferson Theatre across the street from the spacious hotel grounds. The complete program of the meeting is published in this number of The Journal.

Twelve specialty societies will meet during the weekend preceding the opening of the Association's meeting. Some will hold sessions on Saturday afternoon or night and also on Sunday; others will meet only on Sunday. Arrangements have been made to provide accommodations for all of these groups in the Ponce de Leon Hotel. The programs for the meetings of these societies are also in this month's Journal.

A diversified scientific program of general interest has been prepared by the Committee on Scientific Work, of which Dr. J. Rocher Chappell is the chairman. The additional time allotted for the presentation of papers made possible the selection of twelve essayists this year. The session on Tuesday morning will be devoted to a symposium on hypertension.

Members of the St. Johns County Medical Society will be the hosts at the Smoker on Monday night, April 12, at the St. Augustine Golf Links. The Annual Dinner of the Association will follow on Tuesday night at the hotel. In addition to these outstanding social events, the unique attractions of St. Augustine will offer diversion and relaxing entertainment to all who attend the convention.

The numerous technical exhibits will invite careful inspection. They are to be conveniently displayed in the parlors of the hotel.

NOTICE TO DELEGATES AND COMMITTEE CHAIRMEN

The House of Delegates will hold its first 1948 meeting on Monday, April 12, at 3 p.m. in the Venido Room of the Ponce de Leon Hotel in St. Augustine. The one hundred and eight delegates are requested to report at the Credentials Committee table. The unusually large number of delegates arises from the fact that representation was based this year on the total number of members of the component county societies for the previous calendar year.

On arrival at this meeting, those members who are to be seated in the House of Delegates will exchange their regular badge for a special badge. It is required that each delegate present official credentials signed by the secretary of his

county medical society. Delegates are requested to occupy seats in the section designated in order that they may be grouped together. Other members of the Association and guests will be requested to occupy seats in another section of the room.

Chairmen of standing committees are urgently requested to be present on time so that their reports may be presented as scheduled in the official program, which is published in this issue of The Journal. Resolutions not included in House of Delegates Handbook and supplemental additions to annual reports of chairmen of committees should be typed in duplicate and placed on the speaker's table immediately after they are presented.

It is highly important that delegates and committee chairmen note the time, the date and the place of this first meeting of the House of Delegates—3 p.m., Monday, April 12, in the Venido Room of the Ponce de Leon Hotel.

WHAT IS THE NATURE OF NATUROPATHY?

The recent decision of the Florida Supreme Court which upholds "the right" of naturopathic physicians to prescribe narcotic drugs comes as a surprise not only to Doctors of Medicine but to a great majority of people who think clearly and thereby draw logical conclusions. We have confidence in our Supreme Court and recognize that its members give opinions only after they have unbiasedly and exhaustively examined all angles of an argument. We believe, nevertheless, that here the spirit of the law has been misinterpreted and that Supreme Court members have erred.

Let us examine the record: IN THE CIRCUIT COURT IN AND FOR PINELLAS COUNTY, FLORIDA. # 29,589-Ch. IN RE: COMPLAINT OF JAMES P. MELSER FOR DECLARATORY DECREE AND JUDGMENT.

A witness for the petitioner, James P. Melser, one W. Guy Cheatham, testified that he was a graduate of the Nashville College of Naturopathic Medicine and that he was president of the college. Since that time, the practice of naturopathy has been outlawed in Tennessee by statute, which was upheld by the Tennessee Supreme Court. He stated that his institution required a course of study in phytotherapy. A search of the curriculum of this college, which lists the books required and the subjects covered, shows no course in phytotherapy and no textbook recommended on this subject. He stated further that he was not familiar with materia medica as used by the medical profession and also in response to the question "Do you know what materia medica is, itself?" stated, "No, I do not. I am not too familiar with materia medica." The catalogue of his college, however, lists materia medica as a subject taught and states that seven hundred hours are devoted to it and further recommends as a textbook "Materia Medica and Therapeutics" by Cowperthwaite.

In the testimony of Paul C. Moyer, naturopath or mechanotherapist, who declared he was the president of the Metropolitan College in Cleveland, Ohio, he stated that he was licensed to practice naturopathy in South Carolina but that he actually practiced and taught mechanotherapy in Ohio since Ohio does not have a naturopathic law. He stated, however, that the two were the same. He also stated that his college required that a student take a course in narcotics in order to graduate. Information from the Federal Bureau of Narcotics is to the effect that no state in the Union permits naturopaths to prescribe narcotics.

The testimony by W. T. Perry, naturopath at Crystal River, Fla., contained the statement that he never took an exmination in naturopathy and was one of the original board members. He stated that he had investigated the school in Nashville and other naturopathic colleges and that teaching standards were substantially the same in all of them.

Among other things brought out in the testimony of Melser, resident of Safety Harbor, Fla., was the fact that he was in the hospital corps of the Navy during the war and that he was in charge of the pharmacy and clinical laboratory on an aircraft carrier and also was in charge of the Neurologic Department, which position involved the administration and use of all drugs. He also stated he was charged with the duty of treating any neurologic cases. The trend of his testimony was such as to give the impression that he was a recognized medical doctor in the Navy during the war. It is, of course, common knowledge that naturopaths are not allowed to serve as physicians in the Navy.

The highlights of the decision of the Circuit Court of Pinellas County, crowded into sixteen legal cap sheets of paper and affirmed by the

State Supreme Court, are that naturopathic physicians have been illegally deprived of their right to prescribe drugs, that they have had proper and sufficient training in "phytotherapy," and that if, as was ruled previously, naturopaths were prevented from practicing materia medica "there would be no field of practice for Naturopaths in Florida for the reason that, as the medical doctors testified, the application and administration of all treatments, whether internally or externally, constitutes the practice of materia medica and fall within that definition."

When one engages in the use of specific terms and definitions, he must choose an authority. Webster's New International Dictionary, unabridged, seems by general consent to be as good an authority as is available in the United States. Therein naturopathy is defined as a system of physical culture and drugless treatment of disease by methods supposed to simulate or assist nature. Definitions given in recent editions of standard medical dictionaries are:

> "A school of healing which employs air, light, water, vibration, heat, electricity, psychotherapy, dietetics, and massage. It excludes the use of drugs, surgery, x-ray, or radium."—Goulds Medical Dictionary
>
> "A system of therapeutics in which neither surgical nor medical agents are used, dependence being placed only on natural forces (non-medicinal)."—Stedman's Practical Medical Dictionary
>
> "A drugless system of therapy by the use of physical forces, such as air, light, water, heat, massage, etc."—Dorland's American Illustrated Medical Dictionary

In the past, the naturopaths have professed to use no drugs. Now they have changed their minds and in their curriculum claim that they give instruction in the administration of drugs. Instead of calling this by a recognized name such as pharmacology, pharmacognosy or materia medica, they are using a name which is not recognized by the Webster's Dictionary—"phytotherapy."

The naturopathic practice act of 1927 gives naturopaths the right to practice "phytotherapy" and "biochemistry," but it specifically prohibits their using drugs of the "materia medica." The outcome of the case in Pinellas County apparently hinged on the definition of the words "phytotherapy" and "materia medica." Phytotherapy, a term unfamiliar to laymen and members of the medical profession, and not found in most dictionaries, is defined in the 1944 edition of Dorland's Medical Dictionary as "treatment by the use of plants." A broad interpretation might hold that the term refers to all drugs immediately or remotely derived from plants, even coal tar derivatives. Hence practically all drugs might be included under "phytotherapy" and "biochemistry."

Materia medica is defined in Dorland's Medical Dictionary as "that branch of medical study which deals with drugs, their sources, preparations, and uses." This is the usual definition. Webster's International Dictionary, however, gives the term a broader definition: "Materia medica—material or substance used in the composition of remedies. That branch of medical science which treats of the nature and properties of all the substances employed for the cure of diseases." That broad definition of materia medica was used by witnesses in court, and consequently the Supreme Court held that if naturopaths were denied the right to practice materia medica, there would be no field of practice for naturopaths in Florida. This is a technicality in the evidence presented, in the law as it stands, and in specific definitions of words.

The naturopaths are putting up a clever bluff. Nowhere else in the United States are they allowed to prescribe narcotic drugs. By recent legislative action naturopathy has been outlawed in Tennessee. But here in Florida the naturopathic physicians have raised a large fund and employed a clever attorney. In the state legislature they are maintaining a powerful lobby.

The truth is that naturopaths are poorly and inadequately trained, and most of them know it. Their schools for the most part are greatly delinquent, and their courses of instruction offer only a short cut to the practice of medicine without furnishing anything like adequate medical education.

The letter of the law in this specific case has perhaps been interpreted correctly, but alas, what about the spirit of the law? The justices of the Supreme Court, we dare say, would not dream of allowing a naturopath to prescribe potent drugs for members of their own families.

Since in this instance it has not been possible to interpret the spirit of the law, the letter of the law must be changed. We believe that the Florida state legislators will hold the same view as did those of Tennessee. We believe they will repeal the act authorizing the licensing of naturopaths and will prohibit the practice of naturopathy in this state.

HEALTH MISSION TO TOKYO IT ALL ADDS UP

Investigation by the FBI to determine whether federal agencies have diverted public funds illegally to finance propaganda for a system of socialized medicine in the United States was announced recently by Representative Forest A. Harness (R., Indiana), the chairman of a House subcommittee investigating government publicity and propaganda. The findings of his committee led him to make the sweeping charge that the Bureau of Research and Statistics in the Social Security Board is the "nerve center of socialized medicine propaganda for the entire world."

After investigating for some weeks the government health mission which took off for Tokyo early last fall to prepare a national health program for the Japanese Diet, Representative Harness presented the following conclusions of his committee's inquiry:

"(1) That the health mission to Japan is composed entirely and exclusively of men long identified in the public record as advocates and proponents of socialized medicine not only in the United States but throughout the world.

"(2) That the real purpose of this mission is to lay the ground work for a system of socialized medicine in Japan.

"(3) That the scheme for such a mission originated in the Division of Research and Statistics in the Social Security Board in Washington, and nowhere else.

"(4) That the nominal request for the mission was engineered through the General Headquarters of the Supreme Commander in Tokyo by federal employees sent from Washington for that particular purpose.

"(5) That General Douglas MacArthur does not favor—and does not approve—any plan to establish compulsory socialized medicine in Japan.

"(6) That the dispatch of this mission to Tokyo for the purpose indicated in Mr. Wandel's letter to Mr. Falk under date of June 14, 1947, is a gross misuse of public funds.

"(7) That the real purpose of the mission is not to assist Japan in working out her basic problems in health and welfare, but to force upon that country a compulsory system of socialized medicine.

"(8) That although the questions here involved are of a health and medical nature, the Surgeon General of the United States was not consulted in reference to the problems involved."

In view of these charges and findings, Harness addressed a letter to Chairman John Tabor of the Appropriations Committee directing attention to the impropriety of federal employees, at the expense of the American taxpayer, traveling throughout the world to prepare or assist in the preparation of legislation to be adopted by foreign countries when similar legislation, long pending, has not been approved by the Congress of the United States. He urged the committee to eliminate in future all funds for overseas travel for staff members of the Social Security Board, the United Public Health Service and other federal agencies interested in advancing socialized medicine in foreign lands.

In this letter he named Bernet M. Davis, Surgeon, United States Public Health Service, as a member of the mission and added:

"It has also come to the attention of our committee that Dr. B. M. Davis, one of the members of the Tokyo mission, returned only recently from London, where he was attached to the British Ministry of Health, to assist in the national program for socialized medicine in England. He is the son of Mr. Michael M. Davis, chairman of the executive committee of the Committee for the Nation's Health, the foremost lay organization agitating for socialized medicine in the United States, as embodied in the Wagner-Murray-Dingell bill. The Committee for the Nation's Health, as our previous reports have delineated, is the principal national organization in the United States engaged in distributing the propaganda of the Social Security Board supporting socialized medicine."

In a speech before leaders of the medical and dental professions, which received wide newspaper publicity, Harness charged that Isadore S. Falk, the director of the Bureau of Research and Statistics of the Social Security Board "has always been noted for his militant and aggressive advocacy of socialized medicine." He added, "The amazing ramifications of the federal propaganda in behalf of socialized medicine have astonished me. How much of our total appropriations for health and welfare are being diverted to this sort of high pressure propaganda, we do not yet know. But we do know that the amount is considerable. . . . [including] a considerable item for foreign travel to New Zealand, England, South America and Japan."

He is by no means alone in his opinion that if the medical profession and all the hospitals can be taken over by the federal government and forged into a new and gigantic health bureaucracy, it will be only a question of time until Washington likewise moves into the fields of education, religion, the press and the radio. Freedom would indeed then be in total eclipse, as he said.

"It seems to our committee to be a proper function of the Congress," he continued, "to determine whether the diversion of public funds from legitimate purposes to purely propaganda purposes for socialized medicine, does not, in fact, constitute a criminal violation of the law. On this point, I may say that the Federal Bureau of Investigation is giving that question some serious study at the moment. As you know, we advised the Attorney General, Mr. Clark, what we discovered about the health workshops, (Florida Medical Journal, February 1948) and we have since been informed that some of the vouchers are in the hands of the FBI for investigation."

"A group of citizens has a right to agitate for socialized medicine, if it puts up its own money and pays its own bills," Harness stated further. "But I, for one, do not intend to see this gigantic propaganda machine for socialized medicine financed entirely by funds secretly diverted from money appropriated by the Congress for the legitimate function of Government." Nor does any thoughtful member of the medical profession.

Health mission to Tokyo appears to be but one of the many tentacles of the globe-encircling octopus that is propaganda for socialized medicine. It is high time that this aggressive movement, already assuming world proportions, be rooted out at its nerve center within the government at Washington. The taxpayer should find the FBI report informative, for his unwitting investment in this sinister project no doubt adds up to a sizeable sum.

A COMPREHENSIVE INSURANCE SYSTEM

Said President Harry S. Truman in his message to the Congress on January 7:

> "The greatest gap in our social security structure is the lack of adequate provision for the nation's health . . . I have often and strongly urged that this condition demands a national health program. The heart of the program must be a national system of payment for medical care based on well tried insurance principles. This great nation cannot afford to allow its citizens to suffer needlessly from the lack of proper medical care. Our ultimate aim must be a comprehensive insurance system to protect all our people equally against insecurity and ill health."

It would appear that the odious word "compulsory," used freely in his previous message on health, was studiously avoided in this reference to a national health program. Nevertheless, there is no evidence whatsoever to indicate that he has departed from his previous insistence on compulsory sickness insurance federally administered.

At the time this address was made, the first interim session of the American Medical Association to include a meeting of its policy-making body, the House of Delegates, was in session in Cleveland. It seems appropriate to reiterate here the reaffirmation of opposition to compulsory sickness insurance made there. Progress toward achieving the objectives of the Association's own ten point National Health Program was reviewed, and it was emphasized that the ideals of freedom, referred to by President Truman in his address, will be maintained when the needs of the American people for medical service are met on a local community and state basis rather than on a system centrally controlled. Even now the Blue Cross Plans, the nonprofit voluntary plans for paying the costs of medical care and the long established private insurance companies are protecting many millions against the cost of hospitalization and sickness. The American people are welcoming "a national system of payment for medical care based on well tried insurance principles"—a comprehensive system, but definitely on a voluntary basis.

Deeds, not words alone, are the answer of the medical profession to the present increased demand for health services. Through its National Health Program, the American Medical Association "is furthering the advancement of medical science by research, by the improvement of industrial health, by better and more widely available medical education, by the expansion of preventive medical services, by the fostering of new hospitals and health centers, and in many other ways." This constructive program fits into the true American pattern. Organized medicine has always been the exponent of the highest type of medical service for all people and characteristically and appropriately faces the unsolved problems of an economic nature with a high sense of scientific objectivity.

GENERAL PRACTITIONER AWARD

That diamond among the jewels of medicine — the general practitioner — erstwhile in the rough but currently dignified as specialist, came into his own, at least symbolically, at the interim session of the American Medical Association in Cleveland in January. To Dr. Archer Chester Sudan of Kremmling, Colo., the House of Delegates awarded the gold medal for the general practitioner who has rendered exceptional service to his community.

The selection of this able physician, who left a research and teaching position at the University of Chicago in 1926 to fish in the isolated mountain village of Kremmling and remained to serve for more than two decades, has been widely acclaimed as an appropriate recognition of the services of general practitioners throughout the country. Dr. Sudan acknowledged this tribute in behalf of nearly two hundred other general practitioners nominated for the award as well as for himself, and also as a recognition of some hundred thousand other general practitioners who so faithfully and well render great service to the nation.

Dr. W. L. Pressly, Due West, S. C., and Dr. Jacob T. Oliphant of Farmersburg, Ind., were the other two candidates nominated to the House by the Board of Trustees. Presentation of this award will be an annual feature of the interim session.

MOTION PICTURE FILMS

To assure the listing of all outstanding medical and surgical motion picture films in the revised "Catalogue of Professional Motion Picture Films" now being compiled, all film authors are urgently requested to write immediately for film questionnaires to be filled out and returned. All members of the profession are invited to cooperate with this undertaking by forwarding this announcement to an author or by furnishing the film title and full name and address of any film author. Send information to: Academy-International of Medicine, 214 West Sixth Street, Topeka, Kansas.

LEGAL OPINION ON NURSE ANESTHETISTS AND THE PHYSICIAN'S RESPONSIBILITY

The Honorable J. Tom Watson, Attorney General, replying to inquiries from the State Board of Medical Examiners, handed down an opinion regarding nurse anesthetists which is of general interest to members of the Association. The questions and his rulings follow:

1. Does a nurse have the right to administer or give anesthetics either as (a) an independent enterprise, that is, to set up the general practice of administration of anesthetics, or (b) under the aegis or actual employment of a hospital or physician?

2. If the answer is "No" would a hospital course in a department of anesthesiology in a teaching hospital legally permit a registered nurse to give anesthetics?

3. If the answer is "Yes" may she use any form or type of anesthesia and any drug or medicant such as introduction of air ways, intratracheal tubes, intravenous medications, blood transfusions, serums, etc.?

4. If the answer is "Yes" does she need to be licensed by the Florida State Board of Nurses?

1(a). In Frank v. South, Ky. 194 S.W. 375 and Chalmers-Francis v. Nelson, Calif. 57 Pac. (2d) 1312, I find that the Supreme Court of the respective state in each of these cases has rendered an opinion to the effect that a nurse may administer anesthetics when administered under the immediate direction and supervision of the operating surgeon and that to do so would not constitute the practice of medicine by the nurse.

A later case decided in 1947, namely State v. Catellier, Wyo. 179 Pac. (2d) 203, involved the administration of anesthetics intravenously by a chiropodist, from the effects of which the patient died. It was held in this case that such administration of anesthetics was in a great many instances dangerous to the patient and when administered by the chiropodist as an independent enterprise it constituted the "practice of medicine" under the Wyoming statute which is quite similar to Chapter 458, F. S. 1941.

It is therefore my opinion that the administration of anesthetics by a nurse as an independent enterprise would constitute the practice of medicine under the laws of the State of Florida.

1(b). The answer above given to question

1(a) would appear to answer question 1(b). I am of the opinion that a nurse, whether registered or practical, may administer anesthetics but may do so only under the immediate direction and supervision of a physician. It must be borne in mind, however, as above indicated, that in many instances the administration of anesthetics might be highly dangerous to the patient and that under the rule of respondiat superior the physician or operating surgeon would be personally responsible for acts of negligence on the part of the nurse who is administering the anesthetic under his direction and supervision.

2. It is my opinion that no amount of hospital training in anesthesiology would cure the legal disability of the nurse, whether trained nurse or practical, to administer anesthetics as an independent enterprise.

3. As long as the nurse administers the anesthetics under the direct supervision, direction and control of a registered and licensed physician, I am of the opinion that the nurse may use any form or type of anesthesia as directed by such operating surgeon.

4. Chapter 464, F. S. 1941 provides that it shall be unlawful for any person to practice nursing as a trained nurse without having obtained a certificate or license or permit of registration as therein provided for. I am of the opinion that the administration of anesthetics when under the direct supervision, direction and control of a duly licensed physician or surgeon may be done by either a practical nurse or trained nurse in the discretion of the physician or operating surgeon.

AMERICAN UROLOGICAL ASSOCIATION SECTIONAL MEETING HELD

The Southeastern Section of the American Urological Association held its twelfth annual meeting at the Hollywood Beach Hotel in Hollywood on January 7, 8, 9 and 10. Approximately three hundred members and guests were in attendance. The states of Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee comprise this geographic division.

Dr. Robert B. McIver of Jacksonville, President, presided over the meetings and was succeeded in office by Dr. Harold P. McDonald of Atlanta, Ga. Dr. James J. Ravenel of Charleston, S. C., was chosen President-elect, and Dr. Russell B. Carson of Ft. Lauderdale was re-elected Secretary-Treasurer. The group will return to Florida for its next meeting, which will be held in March 1949 at Boca Raton.

Several distinguished guest speakers were among the sixteen essayists who contributed to the scientific program. Dr. Austin I. Dodson of Richmond, Va., chose for his subject "The Management of Hypospadias." Dr. Herbert H. Howard of Boston, President of the American Urological Association, presented "Observation on Ureteral Transplantation," and Dr. Leon Herman of Philadelphia gave the Ballenger Memorial Lecture, entitled "Streptomycin Therapy in Urogenital Tuberculosis." As in the past, Dr. T. Leon Howard of Denver conducted his case discussion hour.

MIDWINTER MEETING OF FLORIDA SOCIETY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

The first midwinter meeting of the Florida Society of Ophthalmology and Otolaryngology was held on Jan. 11, 1948 at the Flamingo Hotel in Miami Beach immediately preceding the Midwinter Seminar in Otolaryngology and Ophthalmology presented by the Graduate School of Medicine of the University of Florida. Thirty-eight members and many guests were in attendance.

The social features were a get-together followed by a dinner at which the Society honored visitors from other states. There were present at the dinner one hundred and fifteen members and guests.

The scientific session opened with an appropriate address of welcome by Dr. William Y. Sayad, President. Two distinguished guest speakers then presented the program. Dr. Ida Mann of London, England, noted ophthalmologist and authority on the embryology and developmental defects of the eye, addressed the Society on the subject of "Tumor of the Lens." Her husband, Dr. William E. Gye, Professor of Experimental Pathology at the Royal College of Surgeons, was granted the privilege of the floor and discussed her paper. Dr. Kenneth M. Day of Pittsburgh, outstanding otolaryngologist, then presented a paper on "What the Otologist Can Do for the Deafened." One hundred and seventy-five physicians attended the scientific session.

MIDWINTER SEMINAR ATTRACTS NATIONWIDE ATTENDANCE

The Graduate School of Medicine of the University of Florida held its annual Midwinter Seminar in Otolaryngology and Ophthalmology at the Flamingo Hotel in Miami Beach throughout the week of January 12-17. Physicians came from all sections of the country and from abroad to take the courses presented by a distinguished faculty. There were 230 registrants, including 52 from Florida, and 40 states and 6 foreign countries were represented.

Outstanding medical teachers lecturing on the ear, nose and throat were Dr. Lawrence R. Boies, Professor of Otolaryngology, University of Minnesota Medical School, Minneapolis; Dr. Louis H. Clerf, Professor of Bronchoscopy, Jefferson Medical College, Philadelphia; Dr. Kenneth M. Day, Professor of Otolaryngology, University of Pittsburgh School of Medicine, Pittsburgh; Dr. Thomas C. Galloway, Professor of Otology, University of Illinois College of Medicine, Chicago; Dr. James H. Maxwell, Clinical Professor of Otolaryngology, University of Michigan Medical School, Ann Arbor, Mich.; Dr. Arthur W. Proetz, Professor of Otolaryngology, Washington University School of Medicine, St. Louis; and Dr. Harry P. Schenck, Professor of Otolaryngology, University of Pennsylvania School of Medicine, Philadelphia.

Noted lecturers on the eye were Dr. Ida Mann, Surgeon at Moorfields Hospital, London, England, Professor of Ophthalmology at Oxford University and internationally recognized authority on the embryology and developmental defects of the eye; Dr. S. Judd Beach, Secretary of the American Board of Ophthalmic Examiners, Portland, Me.; Dr. William L. Benedict, Director of the Department of Ophthalmology, Mayo Clinic, Rochester, Minn.; Dr. Daniel B. Kirby, Chief of the Department of Ophthalmology, Bellevue Hospital, and Consulting Ophthalmologist, New York Eye and Ear Infirmary, New York; Dr. Peter C. Kronfeld, Professor of Ophthalmology, University of Illinois College of Medicine, and Ophthalmic Surgeon, Illinois Eye and Ear Infirmary, Chicago; and Dr. Dohrmann K. Pischel, Professor of Ophthalmology, Stanford University School of Medicine, San Francisco. Attending the Seminar with Dr. Mann was her husband, Dr. William E. Gye, Professor of Experimental Pathology, Royal College of Surgeons, and Director of the Imperial Cancer Research Fund.

STATE BOARD OF HEALTH

PRESCRIPTIONS FOR DANGEROUS DRUGS OTHER THAN NARCOTICS

At a recent meeting of the Board of Pharmacy, which was attended by the State Health Officer, Dr. Wilson T. Sowder, and the State Chemist, Mr. J. J. Taylor, it was brought out that there are widespread violations of the state law requiring that certain dangerous drugs be dispensed only on a physician's prescription. The most important of these are the barbiturates, the sulfa drugs and penicillin. The responsibility for enforcing this law relating to these non-narcotic drugs rests with the Department of Agriculture. It was also brought out at the meeting that pharmacists who refuse to sell such drugs without a prescription are being penalized because of the fact that these drugs can be easily purchased over the counter from some of their colleagues who are less conscientious. There was also general agreement that physicians prescribing such drugs should do so with greater care. The law permits that pharmacists may refill a prescription for these drugs indefinitely unless it bears the notation N. R., meaning "Not to be Refilled." It is likely that many physicians are not aware that such prescriptions can be refilled and for that reason are failing to make the necessary notation on their prescriptions. This situation is a serious one, and certainly deaths occur every year from the indiscriminate use of these drugs; furthermore, addiction to the barbiturates is on the increase. In prescribing these drugs, physicians of the state should bear this situation in mind as their contribution to the campaign to abate the dangers cited.

The Department of Agriculture has agreed to step up its enforcement program and to furnish information to the Board of Pharmacy in cases in which violations of the law are committed on the part of pharmacists. The Board of Pharmacy on its part has agreed to take drastic action against licensed pharmacists who violate the law by suspending, or revoking, the licenses of offenders. With the cooperation of all groups concerned, it is believed that much good can be done in correcting the present reprehensible practice.

CONFERENCES ON SEROLOGY

The Chief Serologist of the Public Health Service, Mr. Ad Harris, was the guest of the State Board of Health for ten days early in January. Conferences on serology had been arranged and were held in Pensacola, Tallahassee, Jacksonville, Tampa, Miami and Orlando.

Board of Health members who accompanied Mr. Harris and participated in the conferences included Dr. Albert V. Hardy, Director, Miss Carolyn Roth, Serologist, Bureau of Laboratories and Dr. Roger Sondag, Director, Bureau of Preventable Diseases.

One evening meeting was held in each area. Practicing physicians and health officers, as well as technicians, were invited. "The Clinical Evaluation of Serologic Findings" was the subject discussed. About four hundred attended. Technical problems and procedures were considered at other times. Over two hundred technical workers, including almost all who do any serology in Florida, were on hand for these discussions and demonstrations.

Further conferences covering the fields of parasitology and bacteriology have been planned also. The conferences on parasitology will be held in the early spring, those on bacteriology in the fall. Leaders and experienced teachers in each of the fields are being made available to the Board of Health by the Public Health Service.

Dr. John Ross Hague, formerly of Washington, D. C., has been appointed health officer of the health unit composed of Indian River, St. Lucie and Okeechobee counties, with headquarters at Fort Pierce.

Dr. M. Lewis Gray, formerly health officer of the health unit composed of Jackson and Washington counties, is now health officer of the Broward County Health Department with headquarters at Fort Lauderdale. He succeeds Dr. William C. Hatchett, who resigned because of ill health.

FOR SALE: Small sterilizer; cabinet sterilizer; new Sanborn BMR machine; examining table; instrument cabinet; scales; diathermy. Write 69-15, P. O. Box 1018, Jacksonville 1, Fla.

FOR SALE: Completely equipped office for general practice, beautifully furnished, leased to April 1950 with option; excellent location in small west coast town. Must sell immediately. Write Mrs. G. L. Edwards, 245 Loma Linda Avenue, Sarasota.

PUBLIC RELATIONS

Medical public relations has as one of its main objectives the dissemination of information. It is important that the public knows the true picture of the medical profession as to its unselfish interests in the health and welfare of mankind. Only the Doctor of Medicine can tell the story and keep it in its proper setting.

To help the members of the Association keep abreast of activities, other than scientific, of significance to the profession, the Academy of Public Medicine is periodically issuing a Newsletter. The initial number came out in January. Copies have been sent to all active members of the Academy. In addition, the mailing list includes the chairmen of all committees of the Association, the presidents and secretaries of the county societies and officers of the Woman's Auxiliary. The Newsletter will be mailed to any member of the Association upon request.

It is stimulating to the Committee on Public Relations of the Florida Medical Association, and to the Directors of the Academy, to know that many county societies are increasing their activities in the local public relations field. Both the Committee and the Academy desire to assist the local societies in any way possible.

The Association's Committee on Public Relations has drafted a PROPOSED PUBLIC RELATIONS PROGRAM FOR COUNTY MEDICAL SOCIETIES. The chairman has sent a copy to each county president. To supplement this, the Directors of the Academy offer SUGGESTED PROCEDURES IN PUBLIC RELATIONS FOR COUNTY MEDICAL SOCIETIES. The first is an outline for a basic program; the second gives details of operation and procedure which may be helpful to the members of local public relations committees. Currently these are being sent out only upon request.

Attention is directed to the first annual meeting of the Florida Academy of Public Medicine. This is scheduled for 2 p. m., April 14, 1948, at St. Augustine. Active members, who are eligible to vote and to be elected to the Board of Directors, are especially urged to attend. The Directors of the Academy for the ensuing year will be elected at this time.

STATE NEWS ITEMS

The first annual meeting of the Florida Academy of Public Medicine will be held on Wednesday, April 14, 1948, at 2 p.m. in the Ponce de Leon Hotel at St. Augustine. There will be an election of the Board of Directors. Active members are especially urged to attend.

Dr. Merle C. Kayton has been installed as the 1948 president of the Wauchula Kiwanis Club.

Dr. Joseph Farrington now is associated with Dr. J. Frank Wilson in the practice of dermatology and syphilology. The offices are located at 415 Greenleaf Building, Jacksonville.

Dr. Lauren M. Sompayrac, President of the Florida Association of Dermatology and Syphilology, has announced that a clinical session under the chairmanship of Dr. Alan Brown will be held at 10:00 a.m. on Sunday, April 11, at the Duval County Hospital in Jacksonville.

Dr. Carlos P. Lamar of Miami conducted a seminar on "Practical Endocrinology" in Camaguey, Cuba, in December for members of the Colegio Medico de Camaguey and of the Colegio Dental, the local medical and dental associations.

The Areal Meeting of the American Academy of Pediatrics will be held at the Statler Hotel, Buffalo, N. Y., beginning on April 29 and continuing through May 2, 1948. Members of state medical societies are welcome to attend. The registration fee for such nonmembers will be $5 in addition to a registration fee of $5 for which each registrant receives a ticket to the banquet, making a total fee of $10. Those who plan to attend may register at any time now by sending a check for $10 to Dr. C. G. Grulee, Secretary-Treasurer, American Academy of Pediatrics, 636 Church St., Evanston, Ill., or they may do so at the time of the meeting.

Dr. I. Irving Weintraub has moved his offices from Trenton to 156 North Wilson Avenue, Gainesville.

Dr. Homer L. Pearson of Miami, a Florida representative to the A.M.A. House of Delegates, has been appointed by its Board of Trustees to serve on the Judicial Council.

Dr. Howard G. Holland of Leesburg has been appointed by President William C. Thomas to represent the Association on the Regional Conference relative to medical care.

Dr. A. J. Gorday announces the opening of his office at 342 Fourth Street North, St. Petersburg. His practice is limited to urology and genito-urinary surgery.

Dr. Arthur J. Logie of Miami was the guest speaker at the annual celebration honoring Robert Burns, the Scottish poet, which was sponsored on January 24 in Miami by the Lady Stuart and Flora MacDonald chapters of the Daughters of Scotia. Dr. Logie spoke on the life and works of the poet.

Dr. W. H. Brooks of Jacksonville presented a paper entitled "Primary Tumors of the Ureter" at the annual meeting of the Southeastern Section of the American Urological Association, held in Hollywood, January 7-10.

"Retroperitoneal Crepitant Cellulitis Following Urethral Instrumentation" was the subject of a paper presented by Dr. Fred Turner, Dr. Louis M. Orr and Dr. Joseph C. Hayward of Orlando at the meeting of the Southeastern Section of the American Urological Association at Hollywood early in January.

"This Week in Chicago Medicine" is a new weekly mimeographed publication issued by the Chicago Medical Society. It is designed to keep the medical profession posted on "what's going on" and to aid out-of-town physicians visiting Chicago who may wish to visit clinics, conferences, round tables or medical meetings. All medical libraries, medical schools and city medical societies in the country receive this publication, and several loop hotels have requested copies to give their physician guests. Any physician desiring to know what Chicago as a medical center is currently offering may secure copies of this bulletin by writing to the Chicago Medical Society, 30 North Michigan Avenue, Chicago 2.

At the Sixteenth Assembly of the Southeastern Surgical Congress which will be held at the Hollywood Beach Hotel in Hollywood from April 5 to 8, three members of the Florida Medical Association are scheduled to appear on the program.

Drs. L. Washington Dowlen of Miami, James G. Lyerly of Jacksonville and Louis M. Orr, II, of Orlando, are among the forty-five surgeons who will appear on the program.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

Dr. and Mrs. Francis C. Skilling, Miami, announce the birth of a son, Vincent, on Dec. 8, 1947.

Dr. and Mrs. Sidney Stillman, Jacksonville, announce the birth of a son on Jan. 23, 1948.

Dr. and Mrs. George C. Austin, Miami, announce the birth of a daughter, Barbara Elizabeth, on Dec. 18, 1947.

MARRIAGES

Dr. Edgar H. Myers of DeFuniak Springs and Miss Mary Carolyn Epps of Kingstree, S. C., were married on Nov. 15, 1947.

Dr. Joseph L. Stecher of Orlando and Miss Hazel Heinmiller of Orlando were married on Oct. 18, 1947.

DEATHS — MEMBERS

Dr. William W. Shafer, Haines City ..... Jan. 6, 1948
Dr. C. Frederic Roche, Miami ..... Jan. 18, 1948
Dr. Allen P. Gurganious, Palatka ..... Jan. 28, 1948

DEATHS — OTHER DOCTORS

Dr. James H. Bickerstaff, Pensacola ..... Dec. 19, 1947
Dr. Irving Greenberg, Miami Beach ..... Oct. 13, 1947
Dr. Oscar W. King, Coral Gables ..... Oct. 16, 1947
Dr. David F. Smith, Esto ..... Sept. 3, 1947

COMPONENT SOCIETY NOTES

BREVARD

Dr. Robert B. Greenblatt, Professor of Endocrinology, University of Georgia School of Medicine, gave a most interesting lecture with illustrations on "Recent Advances in Endocrinology" at the December meeting of the Brevard County Medical Society. Those present other than society members were Drs. Frank J. Pyle, Courtlandt D. Berry, I. Kimbell Hicks and Elwyn Evans of Orlando; Drs. Miller, Anderson, D.D.S., and Akeridge, D.D.S., of Cocoa; Dr. Martin, D.D.S., of Melbourne and Dr. Ernest W. Pothoff of Titusville.

COLUMBIA

Dues of the entire membership of the Columbia County Medical Society for 1948 have been paid to the Association. This cooperation is appreciated.

HILLSBOROUGH

Dr. E. R. Rickard, field staff member of the International Health Division of the Rockefeller Foundation, spoke before members of the Hillsborough County Medical Society in January. He discussed "Murine Typhus in Florida." Dr. Worth, affiliated with the Rockefeller Foundation in the Research Department in Florida, discussed the paper. The Research Department is investigating rodents as carriers of typhus. Drs. William C. Blake, Lewis T. Corum and James N. Patterson of Tampa also discussed the paper.

In accordance with a resolution adopted at the January meeting, no member of the society may have either financial or professional business with the Centro Asturiano Club or Hospital, although private patients may be hospitalized.

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON

At the regular quarterly meeting of the Leon-Gadsden-Liberty-Wakulla-Jefferson County Medical Society which was held at the Sawano Club in Quincy on January 15, papers were presented by Dr. Peter Georgarious of the Florida State Hospital in Chattahoochee, Dr. Charles F. James, Jr., of Tallahassee, and Dr. Mervin B. Wine of Thomasville, Ga. Among the visitors present were Dr. Chas. Shedden, chief surgeon of the Veterans Administration Hospital at Lake City, Dr. A. B. Rosborough, chief physician at the newly opened Florida State Tuberculosis Sanitorium at Marianna, and Dr. and Mrs. Courtland D. Whitaker of the Jackson County Medical Society.

MARION

Dr. Carroll T. Bowen of Bronson spoke informally on nuclear physics and atomic energy at the January meeting of the Marion County Medical Society which was held at the "1890 House" in Ocala. Drs. Eugene G. Peek, Sr., of Ocala and Thomas K. Slaughter of Wildwood led the discussion of Dr. Bowen's topic.

MONROE

Civilian physicians have been invited to attend monthly medical meetings at the U. S. Naval Hospital in Key West, it has been announced by Dr. Herman K. Moore, secretary of the Monroe County Medical Society. Capt. O. A. Smith, medical officer in charge of the Naval Hospital, also has invited Naval physicians, dentists and nurses to attend the meetings. The meetings are held in the Officers' Club.

PASCO-HERNANDO-CITRUS

Dr. and Mrs. George R. Creekmore entertained the Pasco-Hernando-Citrus County Medical Society at dinner in their home in Brooksville on January 8, 1948. Those present were Drs. John T. Bradshaw, Donald G. Bradshaw, S. Carnes Harvard, William G. Mason, William B. Moon, William H. Walters, Jr., and W. Wardlaw Jones.

At the regular monthly meeting which followed, four particularly interesting cases were discussed. In the case described by Dr. Harvard a gunshot wound involved the ulnar side of the right forearm from the wrist to the elbow. Dr. Walters reported the case of a child aged 2½ in whom empyema had developed as a result of pneumonia; the response to therapy with penicillin and streptomycin was rapid and surgical measures were unnecessary. The case presented by Dr. John T. Bradshaw was one of acute massive retention within the urinary bladder in a 3 year old child. Dr. Jones described the case of a man aged 54 who had survived nineteen months after diagnosis of bronchogenic carcinoma was established by biopsy and eighteen months since metastases to the pericardium were noted at operation.

At the December meeting of the society which was held in the home of Dr. William H. Walters, Jr., of Lacoochee, Dr. S. Carnes Harvard and Dr. Walters discussed the histories of two cases.

PINELLAS

At the January meeting of the Pinellas County Medical Society Drs. Frederick J. Abbiss, Victor L. Boerger, Walter Rautenstrauch, Jr., and Robert M. Wolff were elected to membership. Dr. T. Paul Haney was introduced as the new county health officer and Dr. George R. Schwartz was introduced as the successor to Dr. Elmer J. Teagarden as the expert on tuberculosis.

At the request of the Pinellas Board of County Commissioners, a Pinellas society member was elected as a representative to the Board of Health. Dr. Roscoe H. Knowlton will represent the society.

Following a discussion on a proposed credit bureau by Mr. Roy James, Drs. James A. Bradley, Franklin E. Campbell, Jr., and Harry R. Deane were appointed as a committee to discuss the project with Mr. James and to report later to the society.

Dr. John W. Williams invited members to hear an expert on serology at the Bay Pines Hospital on January 11.

Dr. John Elliott, President of the Florida Blood Bank Association, and Dr. I. C. Evans spoke on "The State Wide Blood Bank Program."

TAYLOR

All members of the Taylor County Medical Society have paid their Association dues for 1948. Congratulations!

WALTON-OKALOOSA

At the January meeting of the Walton-Okaloosa County Medical Society Drs. Howard F. Currie, Charles J. Roehm and Edgar H. Myers, all of DeFuniak Springs, were elected to membership. All members of the society have paid their State Association dues for 1948.

LAURA MARY HOBBS BOURNE

Dr. Laura Hobbs Bourne of Miami died on her forty-third birthday, Oct. 28, 1947 in the Jackson Memorial Hospital.

Following her completion of primary and secondary schools in South Miami, her birthplace, and Miami, Dr. Bourne attended Bethany College for three years. She then attended and was graduated from the University of Michigan. She received her medical degree from Western Reserve in Cleveland in 1932. She served an internship in the Columbia Hospital, Wilkinsburg, Pittsburgh, Pa. During 1933 Dr. Bourne was resident physician in the Edgewater Hospital in Miami. She served for many years on the staff of the Jackson Memorial Hospital.

A member of the Dade County Medical Association, the Florida Medical Association, the American Medical Association and the Southern Medical Association, Dr. Bourne was also affiliated with the American Medical Woman's Association and was a past president of the Florida Division of this organization. She also held membership in the Zonta Club and the Business and Professional Woman's Club.

Dr. Bourne was the widow of Clifford N. Bourne. She is survived by her mother and father, Mr. and Mrs. W. A. H. Hobbs, and three brothers, E. E. Hobbs, J. C. Hobbs and W. S. Hobbs.

WILLIAM WALTER SHAFER

Dr. William W. Shafer of Haines City died on Tuesday, Jan. 6, 1948 in the Morrell Memorial Hospital, Lakeland, where he had been a patient since before Christmas. He was 82 years of age.

Dr. Shafer was born on Aug. 12, 1865 in Henry County, Missouri. He was the son of Henry and Sarah Shafer. He attended the University of Missouri and in 1892 received the degree of Doctor of Medicine from the Marion-Sims College of Medicine, which in 1903 became the St. Louis University School of Medicine. He practiced medicine in St. Louis, Sweet Springs and Billings in his native state.

Because of his interest in the Florida citrus industry, he moved to Haines City in 1920 and continued to practice medicine there until his retirement in January 1946. As a civic leader he served as a member of the Haines City Council and for eight years was a member of the board of school trustees. During his tenure of office on the school board, administrative progress led to the accrediting of the local high school. He was a director of the Haines City Citrus Growers Association, a member of the Rotary Club and a member of the Masonic Order. Dr. Shafer was affiliated with the Methodist Church and served as superintendent of the Sunday School from 1923 to 1940.

He was a past president of the Polk County Medical Society and a member of the Florida Medical Association and the American Medical Association.

Survivors include his widow, Mrs. Daisy Shafer; two daughters, Mrs. H. L. Morris of Chicago and Mrs. W. H. Schultz of Miami; two sons, Walter L. Shafer of Tulsa, Okla., and W. Wallace Shafer, Lakeland attorney and former State Representative; and four grandchildren.

NATHANIEL L. SPENGLER

Dr. Nathaniel L. Spengler of Tampa died on Nov. 28, 1947 in the Tampa Municipal Hospital after an extended illness. He was 69 years of age.

Dr. Spengler was born in Boston, Ga. He was graduated in medicine from the University of Maryland in 1903. He practiced in Georgia until he came to Tampa in 1923 to specialize in pediatrics. In recent years he engaged in much research in endocrinology and practiced this specialty.

He was a member of the Hillsborough County Medical Society, the Florida Medical Association, the American Medical Association and the Southern Medical Association.

Survivors include his widow, Mrs. Ila C. Spengler; a daughter, Miss Margaret Spengler; and two sisters, Mrs. John Smith of Boston, Ga., and Mrs. C. H. Rushin of Cairo, Ga.

MEDICAL LICENSES GRANTED

Dr. Harold D. Van Schaick, Secretary of the State Board of Medical Examiners, has reported that of the 149 applicants who took the examination of the Board, held November 25-26, in Jacksonville, 141 passed and have been issued licenses to practice medicine in Florida. The names and addresses of the 141 successful applicants follow:

Asters, Constantine Arthur, Pensacola (Emory 1946)
Azmitia, Efrain Charles, Tampa (Indiana 1947)
Bailey, Walter Harold, Tampa (Vanderbilt 1934)
Banks, Roland Wellington, Carlsbad, N. M. (Jefferson 1931)
Becksted, Robert John, Uleta (Western Reserve 1946)
Berk, Lester Ivin, Coral Gables (U. of Pittsburgh 1943)
Bernstein, Morris Henry, Jr., Miami (Vanderbilt 1946)
Bierley, Harry Edward, Crittenden, Ky. (Louisville 1940)
Bistowish, Joseph Michael, Jr., Gainesville (Tulane 1943)
Blinski, Maurice, Miami Beach (Loyola 1942)
Blackmon, William Parks, Mayo (Emory 1945)
Bloch, Valentine, Union City, N. J. (Middlesex 1944)
Buchwald, Merwin Elliot, Jacksonville (Duke 1941)
Caballero, Mariano Cecil, Santurce, P. R. (Virginia 1942)
Callis, Charles Mitchel, Jacksonville (Louisville 1946)
Cattell, Lee Monroe, Jr., St. Petersburg (Michigan 1943)
Cava, Edward Ennio, Miami Beach (Louisville (1947)
Cole, Edward Leslie, Jr., St. Petersburg (Virginia 1944)
Colom, George Andrew, Miami (Bowman Gray 1947)
Covington, Aubrey Young, Starke (Louisville 1930)
Cowell, Virginia Lane, Coral Gables (Michigan 1940)
Craig, James Alexander, Orlando (Indiana 1947)
Cronkite, Alfred Eugene, Rochester, Minn. (Stanford 1938)
Crookshank, Joseph William, New Orleans, La. (Tulane 1947)
Currie, Howard Fletcher, DeFuniak Springs (Tulane 1934)
Dietz, Carl Frederick, Jacksonville (Alabama 1946)
Driskell, Melville Morgan, Pensacola (Emory 1935)
Dunton, Loren Alonzo, Miami (Oklahoma 1945)
Duval, Charles Warren, Pensacola (Pennsylvania 1903)
Fagan, Harry, Jr., Ft. Myers (Bowman Gray 1947)
Farrington, Joseph, Jacksonville (Cincinnati 1940)
Feldstein, Nathan, Huntington, W. Va. (Fordham 1919)
Fox, Frederick Jay, Clermont (Pennsylvania 1924)
Fucci, Charles Daniel, Jersey City, N. J. (Middlesex 1945)
Futterman, Saul Cyril, Passaic, N. J. (Middlesex 1945)
Galitz, Eli, Miami Beach (Maryland 1943)
Ganey, Joseph Brannen, Bradenton (Maryland 1945)
Gardner, Melvyn Jack, Miami Beach (Temple 1944)
Garth, Thomas Hancock, Charlottesville, Va. (Virginia 1946)
Geist, Robert Miller, Jr., Panama City (Ohio 1945)
Goddard, David Watson, Durham, N. C. (Duke 1939)
Gonzalez, Edward, Key West (U. of Havana, Cuba 1940)
Goodgame, John Thomas, Clearwater (Vanderbilt 1945)
Gould, Maxwell Marston, Miami (Middlesex 1945)
Granade, John Edwin, Bradenton (Tulane 1931)
Greenberg, Philip Morton, Miami Beach (New York U. 1943)

Greentree, Leonard Bernard, Miami (Louisville 1932)
Griffin, George Wainwright, Birmingham, Ala. (Louisiana State 1939)
Hamilton, Paul Key, Jr., Pensacola (George Washington 1946)
Hardee, Howard Davis, Fernandina (Tulane 1946)
Hardy, Grace Campbell, Jacksonville (U. of Toronto 1927)
Harman, Byron Mentzer, Lutz (Pennsylvania 1917)
Haston, Hugh Brady, Jr., Miami (Georgia 1947)
Hattendorf, Albert Glen, Cincinnati, Ohio (U. of Cincinnati 1933)
Hawley, Hugh Henry, Jr., New Orleans, La. (Tulane 1939)
Hebel, Lawrence George, Lake City (Wayne 1944)
Hendrix, Paul Cornelison, Winston-Salem, N. C. (Emory 1947)
Henry, Arthur Joe, Jr., Tallahassee (Alabama 1947)
Herrero, Blas Carlos, Tampa (Tufts 1920)
Herz, Ralph, Cleveland, Ohio (Western Reserve 1917)
Hiatt, Wilks Otho, Jr., Mission, Kan. (Duke 1943)
Higgins, Robert Donald, Daytona Beach (Louisville 1917)
Hoffman, Charles Wilbur, Jr., Ft. Dix, N. J. (Maryland 1937)
Holloman, Walter Gibson, New Orleans, La. (Louisiana State 1936)
Hoskins, Floyd Meredith, Pittsford, N. Y. (U. of Rochester 1930)
Hosner, James Wesley, Philadelphia, Pa. (Temple 1941)
Howard, Harry Smith, Montverde (Albany 1913)
Howard, Harvey James, St. Louis, Mo. (Pennsylvania 1908)
Huey, Thomas Ford, Jr., Anniston, Ala. (Vanderbilt 1932)
Jesacher, Andrew John, Chicago, Ill. (Loyola 1943)
Jewell, Maurice Leon, Kissimmee (Kansas 1946)
Kane, Arnold Louis, Miami (Ohio State 1946)
Kelley, William Henry, Charleston, S. C. (Georgia 1926)
Kerby, Grace Pardridge, Miami (Duke 1946)
Kicklighter. James Ellis, Sarasota (Duke 1947)
Kindler, Daniel, Miami (Middlesex 1945)
Klass, Erna Katz, Miami (Wilhelm, Germany 1935)
Landrum, Louis Grady, Lake City (Louisiana State 1945)
Light, David Samuel, Ft. Jackson, S. C. (Tulane 1944)
Lippincott, Leon Stanley, Daytona Beach (Maine 1913)
Lowe, Richard Hubert, Jr., St. Petersburg (Virginia 1945)
McQuagge, Albert Eugene, Albany, Ga. (Louisiana State 1945)
Mancusi-Ungaro, Ludwig, Miami (Long Island 1940)
Meister, Adam George, Miami (Med. Evangelist 1948)
Miller, Ruth Mary, La Crosse, Wis. (Coll. of Phys. & Surgeons, Boston 1945)
Moore, Marlin Charles, Miami (Hahnemann 1938)
Morgan, Morton B., Columbus, Ga. (Tulane 1944)
Murray John William, Jr., Raiford (South Carolina 1942)
Musser, William Lightburn, Lakeland (McGill 1943)
Myers, Wade Cooper, Jr., Tampa (Temple 1941)
Needelman, Harry, Miami Beach (Middlesex 1938)
Nesbitt, James, III, Homestead (Alabama 1947)
Newcomb, Wendell James, Louisville, Ky. (Nebraska 1940)
Nix, Oscar Gorden, Pensacola (Tulane 1944)
Ost, Walter Martin, Tampa (Med. Evangelist 1948)
Overman, William Elmer, Jacksonville (Tennessee 1947)
Overman, William Joseph, Warrington (Temple 1944)
Parham, Sumner Malone, Orlando (Maryland 1945)
Parker, Charles Orville, Jr., Miami (Georgia 1947)
Patton, Bernard W., St. Petersburg (Tennessee 1933)
Peck, Leatrice Katz, Brooklyn, N. Y. (New York Med. 1947)
Peck, Sidney Jan, Brooklyn, N. Y. (New York Med. 1946)
Pichler, Floyd Lester, Jacksonville (Med. Evangelists 1948)
Post, George Washington IV, Orlando (Illinois 1941)
Ray, John Andrew, Jacksonville (Alabama 1946)
Reed, Howard William, Akron, Ohio (Rush 1920)
Roberts, William Vincent, Jacksonville (Georgia 1943)
Robinson, Julian, Miami (Eclectic, Cin. 1921)
Romano, Joseph James, Coral Gables (Tufts, Boston, Mass. 1929)
Rowe, Daniel Henry, Arcadia (Louisiana State 1943)
Roy, Raymond Serge, Vineyard Haven, Mass. (Chicago U. 1939)
Sasso, Robert Michael, Lake City (Georgetown U. 1939)
Schepis, Joseph, Brooklyn, N. Y. (Middlesex 1945)
Sease, Cyril Iredell, Jr., Jacksonville (Virginia 1943)
Selling, Lowell Sinn, Jacksonville (Bellevue 1928)
Shaar, Richard Thomas, Jacksonville (Jefferson 1947)
Sias, Charles Robert, Orlando (U. of Rochester 1941)
Sloane, Jack Allen, Allston, Mass. (Middlesex 1945)
Smith, Federico Alberto, Miami (Tulane 1942)
Smith, Mason Clifton, New Orleans, La. (L. S. U. 1940)
Stahl, Pincus Albert, Bronx, N. Y. (N. Y. Homeopathic 1921)
Stander, William Herbert, Brooklyn, N. Y. (Long Island 1917)
Starr, Harlan McKinney, Miami (Georgia 1947)
Steinberg, Benjamin Louis, Lake City (Iowa 1931)
Thomas, William Clark, Jr., Gainesville (Cornell 1943)
Toomey, Charles Hugh, Ft. H. G. Wright, N. Y. (Western Reserve 1945)
Toth, Alexander Gabriel, Jr., Miami Beach (Hahnemann 1943)
Van Nortwick, William Alva, Jacksonville (Vanderbilt 1939)
Waldock, James Leland, Olean, N. Y. (South Carolina 1933)
Warfield, Charles I., Miami Beach (Georgetown 1945)
Warner, Marjorie Louise, Orlando (Ohio 1944)
Watson, James Edwin, Detroit, Mich. (Wayne 1921)
Weathington, Warren Thomas, Pensacola (Vanderbilt 1944)
Weber, John Martin, Coral Gables (Pittsburgh 1938)
Weiss, George Joseph Benporath, New York, N. Y. (Royal U. of Bologna, Italy 1937)
White, Dewey Anderson, Jr., Miami (Virginia 1947)
Williams, David Calhoun, Jr., Milledgeville, Ga. (Georgia 1942)
Winter, Wallace Edwards, Augusta, Ga. (Georgia 1947)
Wolbarsht, Abraham, Lake City (Tufts 1937)
York, Clifton Grover, Lake City (U. of Chicago 1943)
Zinn, Charles Joseph, Gainesville (Pennsylvania 1927)

WOMAN'S AUXILIARY
TO THE
FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

MRS. L. M. JENKINS, President.....*Miami*
MRS. L. E. PARMLEY, President-elect.....*Winter Haven*
MRS. C. F. HENLEY, Vice Pres.....*Jacksonville*
MRS. C. D. ROLLINS, Secy.-Treas.....*Jacksonville*
MRS. W. L. TILLIS, Corresponding Secy.....*Lakeland*
MRS. P. J. MANSON, Historian.....*Miami*
MRS. R. G. LEWIS, Parliamentarian.....*West Palm Beach*

COMMITTEE CHAIRMEN

MRS. C. R. DEARMAS, Legislation.....*Daytona Beach*
MRS. C. H. MURPHY, Postwar Planning.....*Bartow*
MRS. C. F. HENLEY, Organization.....*Jacksonville*
MRS. E. F. SHAVER, Editorial.....*Tampa*
MRS. C. M. PEEK, Publicity.....*West Palm Beach*
MRS. J. L. ANDERSON, Public Relations.....*Miami*
MRS. W. C. WILLIAMS, JR., Finance...*West Palm Beach*
MRS. R. A. WILSON, Archives.....*Sarasota*
MRS. L. E. PARMLEY, Program.....*Winter Haven*
MRS. F. J. PYLE, Hygeia.....*Orlando*
MRS. F. W. KRUEGER, Revisions.....*Jacksonville*
MRS. K. E. MONTGOMERY, Gen. Chm. Districts..*W. P. Bch.*

"The most satisfactory results . . ."

IRRITABLE BOWEL SYNDROME

"Therapeutic efforts toward the relief of constipation in patients with an irritable bowel syndrome must be continued over prolonged periods of time. Cathartics which exert their action by direct irrigation of the intestinal mucosa have no place in long-term bowel management. . . . The most satisfactory results were obtained with a hydrophilic mucilloid [Metamucil] prepared from psyllium seed. . . ."*

METAMUCIL

When prolonged treatment is indicated, Metamucil—the "smoothage" management of constipation—fits well into the program.

Smooth, gentle, normal evacuation—the desired action in the irritable bowel syndrome—is afforded by the use of Metamucil.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Metamucil is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent. Metamucil is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois.

*Dolkart, R. E.; Dentler, M., and Barrow, L. L.: The Effect of Various Types of Therapy in the Management of the Irritable Bowel Syndrome. Illinois M. J. *90*:287 (Nov.) 1946.

SEARLE | RESEARCH IN THE SERVICE OF MEDICINE

THE TECHNICAL EXHIBIT

One feature that always adds materially to the success of the annual meeting is the technical exhibit. Every firm represented in the display features products of particular interest to the physician. Make a special effort to visit each booth at some time during the convention and register your name with the attending representative.

THE BORDEN COMPANY—40

The Borden Company invites attention to GERILAC, a vitamin-fortified powdered milk for well rounded nutrition in convalescence, preoperative and postoperative diets, geriatrics, pregnancy and lactation, and soft and liquid diets. GERILAC has a pleasing bland taste and variety may be enjoyed by the addition of flavors, such as vanilla, chocolate, and so forth. It may be served either as a beverage or used in cooking and baking. Likewise exhibited will be the following long established products for infant feeding: BIOLAC, DRYCO, MULL-SOY, MERRELL SOULE SPECIAL MILKS, general purpose KLIM, and BETA LACTOSE.

CAMERON SURGICAL SPECIALTY COMPANY—43

See the new Cameron Cauterodynes and Cauteradios for Electrosurgery, Electrocauterization and Electrocoagulation; Coagulair-Sigmoidoscope; Electro-Diagnostosets; Radiolucent Cannula; Flexible Gastroscopes; Bronchoscopes, Esophagoscopes, Laryngoscopes; Mirror Headlites; Binocular Spectacle Loupe; Magniscope and other specialties.

CIBA PHARMACEUTICAL PRODUCTS, INC.—30

Visit the Ciba exhibit for the latest information on PYRIBENZAMINE, the new antihistaminic compound for relieving symptoms of allergy. Also displayed will be PRIVINE hydrochloride, an effective long lasting nasal vasoconstrictor, and METANDREN Linguets, the most potent orally active androgenic hormone in form suitable for sublingual absorption. Representatives in attendance will be very glad to answer any questions concerning these and other Ciba products.

THE COCA-COLA COMPANY—29

Coca-Cola will be served to members and their guests with the compliments of the Coca-Cola Company.

HOLLAND-RANTOS COMPANY, INC.—38

KOROMEX JELLY and KOROMEX CREAM will be featured. It was the Holland-Rantos Company, Inc. that pioneered the introduction of modern contraceptive technique, so frequently referred to as the Koromex Method. The medical background and clinical use of KOROMEX JELLY dates back to 1925. Medical service representatives will be on hand to discuss with interested physicians the latest data on KOROMEX JELLY and CREAM.

LEDERLE LABORATORIES—36

Lederle Laboratories will provide an up-to-date display covering several of the recent advances in medicine contributed by this company. Folvite folic acid will be shown in its original tablet form as well as in an elixir suitable for dosage in children. Folvron, containing both folic acid and ferrous sulfate, will likewise be shown. Alcohol refinement will be shown in its application to the preparation of diphtheria and tetanus toxoids. The highly accurate new syphilis diagnostic involving the Cardiolipin Lecithin Cholesterol mechanism will be displayed. In addition, protein nutrition and its relation to Ledinac, a protein hydrolysate, will be discussed.

ELI LILLY AND COMPANY—26

The Lilly exhibit for 1948 features a presentation on Dolophine Hydrochloride (Methadon Hydrochloride, Lilly). Visitors will be interested in the comparison of postoperative relief of pain with Dolophine Hydrochloride, 10 mg. and Morphine, 15 mg. Many other Lilly products will be on display. Attending Lilly medical service representatives will be present to aid visiting physicians in every way possible.

J. B. LIPPINCOTT COMPANY—21

J. B. Lippincott Company presents an interesting and active exhibit of professional publishing. With the "pulse of practice" centering in an advisory editorial board of active clinicians who constantly review the field, current and coming trends in medicine and surgery are known continually. On the studied recommendations of these medical leaders, Lippincott Selected Professional Books are undertaken. It is upon their knowledge, too, of the outstanding work being done in general practice, as well as the specialties, that men making a very real contribution to medical progress are chosen to author the Lippincott books.

M & R DIETETIC LABORATORIES, INC.—27

The M & R Dietetic Laboratories, Inc., will display Similac, a food for infants deprived either partially or entirely of breast milk. Mr. E. E. Rader will appreciate the opportunity to discuss the merit and suggested application for both the normal and special feeding cases.

MEAD JOHNSON & COMPANY—19

Amigen and Protolysate will be on display at the Mead Johnson exhibit. Mead Johnson has pioneered the amino acid field commercially. The products have been described in more than one hundred and forty articles in the medical literature; this year they are available. Trained representatives will be at the Mead exhibit to discuss details of the new amino acid products. Shown will also be Dextri-Maltose, Pablum, Pabena, Oleum Percomorphum and the other Mead Products used in Infant Nutrition. Protenum, a new high protein product, and also Lonalac for low sodium diets will be displayed.

THE WILLIAM S. MERRELL COMPANY—18

Infazyme, the new pleasant-tasting nutrient especially designed for the "sickly" child, will be featured at the Merrell booth. Infazyme combines the whole Vitamin B Complex with readily available iron and supplementary amounts of the essential amino acids in a rich fruity-favored liquid concentrate.

ORTHO PHARMACEUTICAL CORPORATION—35

Physicians are cordially invited to visit the Ortho Pharmaceutical Corporation booth. Featured products include Dienestrol Cream, a topical vaginal estrogenic preparation for the treatment of senile and atrophic vaginitis, and Nidoxital Capsules for the control of the nausea and vomiting of pregnancy. The regular line of Ortho Gynecic Pharmaceuticals will also be on display.

PARKE, DAVIS & COMPANY—32

Members of the Medical Service Staff of the Parke, Davis & Company will be available at the technical exhibit for consultation and discussion relating to regular products classified in the company's Pharmaceutical, Biologic and Medicinal Lists. Unusual specialties of recent development—Benadryl, Etamon Chloride, Oxycel, Thrombin Topical, Influenza Virus Vaccine, Antibiotics, Hypnotics, Amino Acids and various Biologics—will be featured in the exhibit. Physicians are cordially invited to call at the exhibit with the assurance that their interest will be appreciated.

PET MILK COMPANY—37

A complete display of material will illustrate the timesaving Pet Milk services availabe to physicians. Specially trained representatives will be in attendance to give information about the production of Pet Milk and its use for infant feeding. Miniature cans will be given to physicians visiting the exhibit.

PHILIP MORRIS & COMPANY—45

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject and problems on the physiological effects of smoking.

SCHERING CORPORATION—42

Important new hormone and pharmaceutical preparations will be featured at the Schering booth. Micropelets Progynon is a new potent form of the female sex hormone. Combisul and Combisul Liquid are the triple sulfonamide combinations which eliminate the dangers of sulfonamide renal damage. New high potencies of Oreton-M, Pranone and Progynon-B are presented. Schering Professional Service Representatives will be happy to answer inquiries concerning Schering's new products as well as the older and time-tested hormones, x-ray diagnostic, chemotherapeutic and pharmaceutical preparations.

SPENCER, INCORPORATED—44

Physicians are cordially invited to visit the Spencer exhibit showing individually designed supports for abdomen, back and breasts. Among the supports featured will be the Spencerflex, an unusually comfortable and flexible support for men, especially suitable for postoperative wear. The Spencer Breast Form, designed to restore normal figure lines for patients who have undergone mastectomy, will also be shown.

E. R. SQUIBB & SONS—39

Presenting a wide variety of newly released Squibb preparations for prescription use, among them, Liafon, a new hematinic, Pneumococcus Polysaccharides for Active Immunization, Penicillin Soluble Troches, 5,000 units, P.O.W. Fluid, Amniotin Suppositories (capsule type), and Diethylstilbestrol Tablets 25 mg.

WALKER VITAMIN PRODUCTS, INC.—31

This firm will again exhibit its line of Council Accepted vitamin products along with the vitamin-amino acid products for use in the treatment of nerve deafness, HYVANOL (oral) and AMVITOL (injectable). Other new items are GLUTAMICOL, natural dextrorotatory glutamic acid buffered with sodium citrate, for use in the treatment of mental retardation, and FOLIFEROL, a special folic acid and iron tablet.



a SPENCER for intervertebral disc

In both conservative and surgical treatment of intervertebral disc, the application of a back support is usually indicated.*

We invite the physician's investigation of Spencer as adjunct to treatment. Each Spencer is *individually designed, cut, and made* for each patient—after a description of the patient's body and posture has been recorded and detailed measurements taken. Thus, individual support requirements are accurately met. The Spencer Spinal Support shown above was individually designed for this man. Note outside pelvic binder for added pelvic stability.

For a dealer in Spencer Supports look in telephone book for "Spencer corsetiere" or "Spencer Support Shop," or write direct to us.

*Barr, Joseph S., *Ruptured Intervertebral Disc and Sciatic Pain*, Jr. Bone and Joint Surg., 29: 429-437 (April) 1947.

SPENCER, INCORPORATED
129 Derby Ave., New Haven 7, Conn.
Canada: Spencer, Ltd., Rock Island, Que.
England: Spencer, Ltd., Banbury, Oxan.
Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

May We Send You Booklet?

Name ..... M.D.

Street .....

City & State R-3-48

SPENCER *INDIVIDUALLY DESIGNED* SUPPORTS
® FOR ABDOMEN, BACK AND BREASTS

Volume XXXIV
Number 9

A report on HEMOLYSIS

Reprinted from the February, 1948 issue
The JOURNAL of the FLORIDA MEDICAL ASSOCIATION

HEMOLYSIS — *A Study of its Prevention*

Twenty per cent of the "out of town" blood specimens during the summer months reported as hemolyzed! This observation obtained from a review of laboratory records of preceding years strongly impressed a new director with the importance of the problem of hemolysis in Florida. What could be done to prevent the waste of effort and source of annoyance? During the summer of 1946, a Board of Health refrigerator was installed in the Jacksonville post office. The laboratory specimens are placed in this immediately after sorting. This and other precautions reduced the proportion of hemolyzed specimens during 1946, but the problem remained. When told by the representative of a highly reputable manufacturer of medical supplies that hemolysis could be prevented, one listened with skepticism and asked for evidence. When the latter could not be produced, one asked "Why Not?"

This was the setting for a small study during the months of June through September 1947. The manufacturers provided Vacutainers, the use of which they believed would be effective in preventing hemolysis. Vacutainers are vacuum tubes with detachable needles. These were employed on alternate weeks by the clinics in ten health departments using the Jacksonville laboratory. During the other weeks, blood was drawn by syringe and sent in the usual stoppered tubes. These contained the control specimens. The schedules for using the Vacutainers or other tubes in the different health departments were such that the two types of tubes were received in about the same total numbers each week. The findings as to significant hemolysis in these specimens are shown on the table.

	Specimens in Vacutainers	Specimens in Other tubes
Total Taken:	3,023	3,511
No significant hemolysis	3,023	3,324
Hemolyzed, but could be examined	0	88
Hemolyzed, could not be examined	0	99

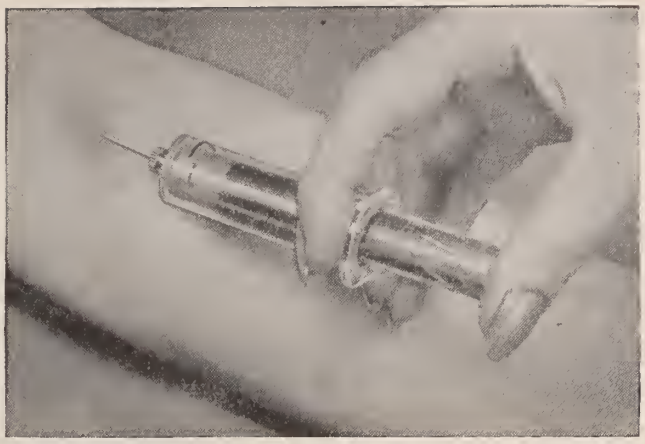
The data are clear-cut, but any attempted explanation of the findings would be a mere statement of opinion.

It is reasonable to assume that any vacuum tube would yield comparable results. The laboratory worker favors Vacutainers, however; since the tubes are of standard size and shape, they are easy to open, and there is no attached needle. In the physician's office there is no syringe to care for—just the needles to sterilize. The cost of the tubes is relatively low, but still high enough to prevent the Board of Health from supplying them routinely.

The use of Vacutainers evidently does solve the problem of hemolysis. Certainly a wider trial of these containers can be strongly recommended. Illustrated leaflets showing just how Vacutainers are constructed and used have been published. Any one of the State Laboratories will be glad to pass on this information. Through them these tubes are available also at the wholesale cost of large quantity purchases.

B-D PRODUCTS
Made for the Profession

10cc of BLOOD
in LESS than 7 seconds
without Hemolysis
when you
use



B-D VACUTAINER®

(A BLOOD COLLECTING TUBE)

and note these *ADVANTAGES*—

1 SPEED — 10cc of Blood in less than 7 seconds — under normal conditions. Speed of Vacutainer may permit one technician to do the work of two using other methods.

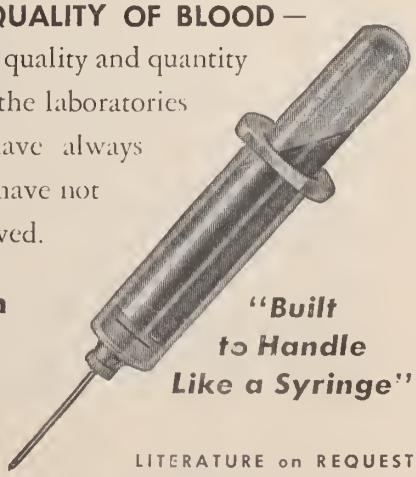
2 LOW COST — Original cost of equipment compares favorably with any other method. B-D Vacutainer saves cost of syringe, tube, cork, washing, scouring, sterilization, and other preparations for use. Less handling means less danger of breakage.

3 CLEANLINESS — Closed container eliminates contamination or possible spillage. Excess vacuum, after sufficient quantity of blood is taken into tube, automatically sucks residual blood from needle cannula into Vacutainer.

4 NO BLOOD TRANSFER NECESSARY — Blood is drawn from vein through needle into Vacutainer — where it remains for centrifuging and tests without need of transfer, also eliminating danger of outside contamination.

5 ADAPTABILITY — B-D Vacutainer tubes are available in a variety of sizes to fit most standard tests. They are supplied with or without anti-coagulant.

6 HIGH QUALITY OF BLOOD — Delivers the quality and quantity of blood to the laboratories that they have always wanted but have not always received.



"Built to Handle Like a Syringe"

● **B-D VACUTAINERS are obtainable through**
The FLORIDA STATE BOARD OF HEALTH
BUREAU OF LABORATORIES
Jacksonville, Florida

VACUTAINER T. M. REG.

LITERATURE on REQUEST

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

Reaching more than 23 million people . . .

This Parke-Davis "See Your Doctor" message will appear in LIFE and other national magazines.

A reproduction in full color will be sent on request. Write Parke, Davis & Company, Detroit 32, Michigan.

Some things you should know about operations

No. 210 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



OF ALL THE RECENT ADVANCES in medical science none have been more dramatic than those in surgery and the fields related to it. Take appendicitis, for instance.

Not very many years ago, having your appendix out might have meant a fairly long and uncomfortable hospital sojourn, followed by several tedious weeks of getting back your strength. And with it all you might have had good reason to fear such complications as peritonitis or pneumonia.

Nowadays, except for a few rare cases, the removal of an appendix is not considered a serious operation. And many operations which were considered of major seriousness as recently as 1930 are now often relatively simple.

Because of notable advances in training and surgical skill, many of the risks have been almost eliminated. Complications following operations are far less common. And most patients recover in a shorter time, and with less discomfort than formerly.

Such progress in surgery has been hastened by significant developments in four important fields.

1. Anesthesia. The administration of anesthetics has become a specialized science. New anesthetics have been developed—less toxic, less upsetting to respiration and heart action. With modern anesthesia the patient has a far easier time when undergoing surgery. Post-operative nausea and vomiting, which were previously almost taken for granted, are now much less frequent.

2. Infection-fighting drugs. Peritonitis, once feared as a frequent complication of abdominal surgery, today is uncommon. The use of such agents as the sulfa drugs and penicillin—to treat infection or to guard against it—has almost eliminated many of the infections which formerly constituted the greatest dangers in surgical procedures.

3. Early ambulation. Doctors have found that getting patients out of bed soon after operations not only speeds recovery, but also prevents many of the discomforts formerly suffered. Bowel and urinary functions are quickly restored. Gas pains are usually avoided. It is not unusual nowadays for a patient to be well enough to go home from the hospital in less than ten days after a major operation.

4. Body Nutrition. One of the problems in surgery has been that the condition which makes an operation necessary is usually one which has depleted the patient's nutritional reserves, and therefore lessens his ability to recover promptly from the operation itself.

In recent years, however, medical science has broadened its knowledge of body nutrition.

Today, it is possible to determine in what a patient's body is deficient—whether he needs whole blood, vitamins, salts, carbohydrates, protein.

Each of these elements can be replaced—making it far easier for the patient to go through an operation. Post-operatively, also, recovery is hastened by supplying the body's needs in easily assimilated form.

SEE YOUR DOCTOR. Give him your complete confidence at all times. If he advises an operation, follow his recommendation promptly. With modern surgery, with modern hospital care, you have little reason to be afraid.

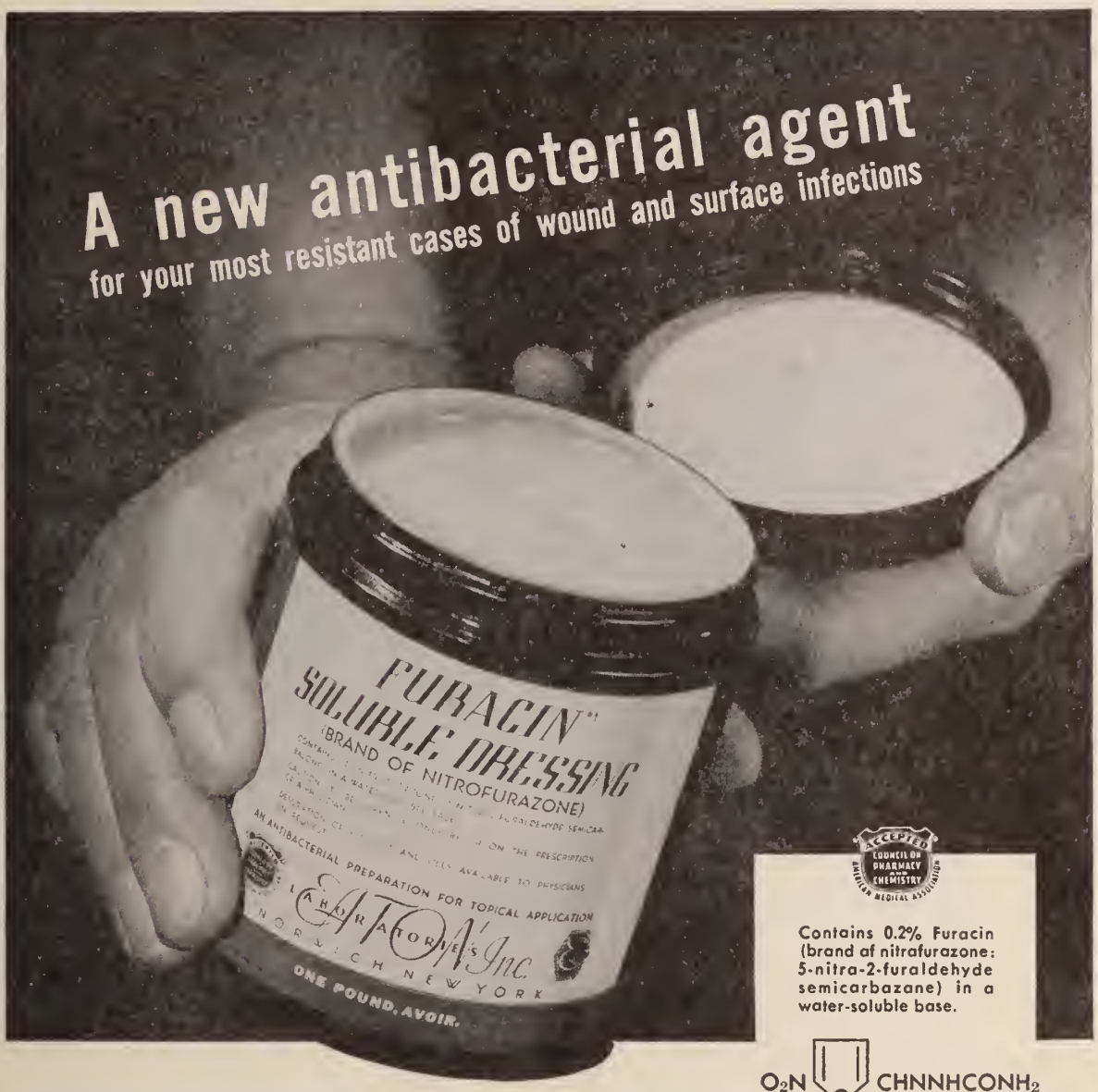
Remember, too, that when surgery is indicated, a delay may be dangerous. Prompt action is likely to give you a quicker recovery—and an easier one!

Makers of medicines prescribed by physicians

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories, Detroit 32, Mich.

COPYRIGHT 1940, PARKE, DAVIS & COMPANY



another of its several advantages:

FURACIN SOLUBLE DRESSING *has proven effective* in reducing the mixed infections of wounds and burns. Prior to treatment, Snyder et al.* found heavy growth in the majority of swab-cultures from 19 war wounds and burns. Following institution of Furacin Soluble Dressing therapy, the majority of cultures became sterile; only 4 per cent continued to show heavy growth.

Indications:

Infected surface wounds, or for the prevention of such infection
Infections of second and third degree burns
Carbuncles and abscesses after surgical intervention
Infected varicose ulcers
Infected superficial ulcers of diabetics
Impetigo of infants and adults
Treatment of skin-graft sites
Osteomyelitis associated with compound fracture
Secondary infections following dermatophytoses

LABORATORIES Inc.
NORWICH, NEW YORK

*Snyder, M. L., Kiehn, C. L. & Christopherson, J. W., Mil. Surg. 97:380, 1945.

LITERATURE ON REQUEST

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

. . . Reservations Necessary, Elevation 1,200 Feet

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.
Willis T. McCurdy, M.D., Attending Physician
J. Rufus Evans, M.D., Attending Physician
Elizabeth Hancock, Psycho-Therapist
Eighty-five Consulting Physicians

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

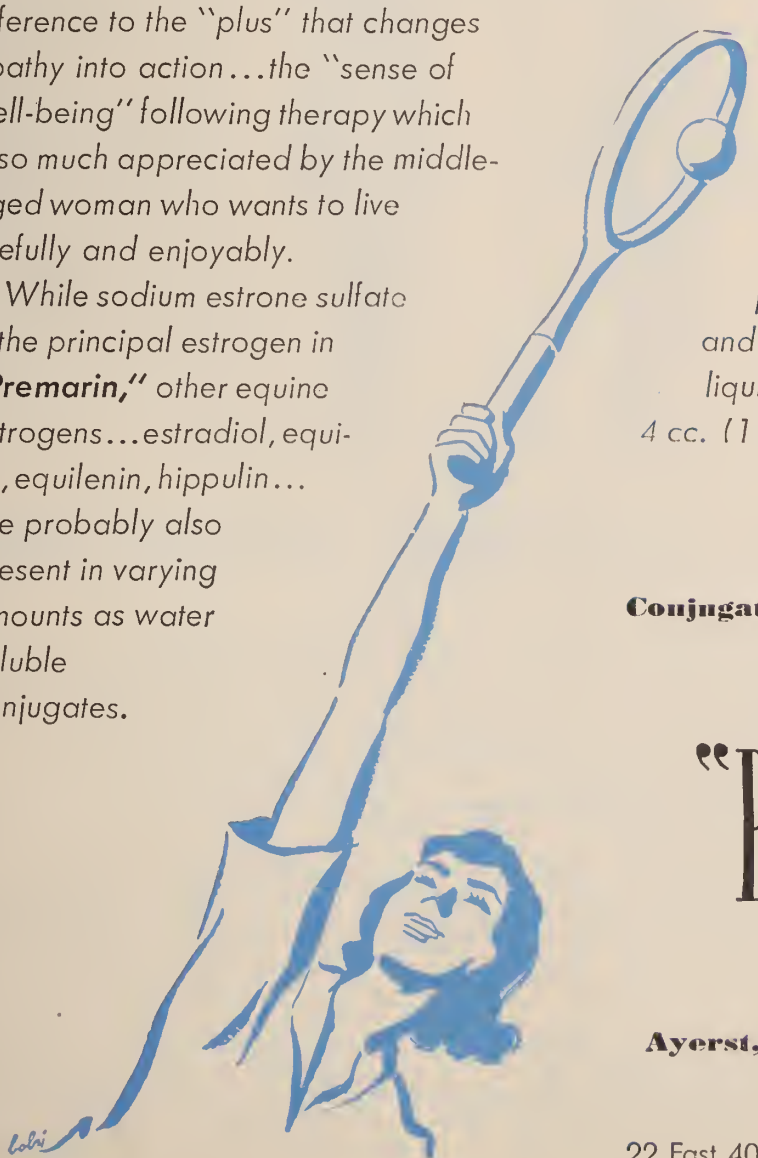
We do not treat acute alcoholic intoxication or narcotic addiction

middle age + verve

Verve or apathy in middle age? For the menopausal patient this is usually determined by the degree of relief from the distressing symptoms so often associated with declining ovarian function.

Gratifying and prompt remission of disturbing symptoms may be obtained with **"Premarin."** *Outstanding among comments made by patients receiving this naturally occurring, orally active estrogen, is the reference to the "plus" that changes apathy into action...the "sense of well-being" following therapy which is so much appreciated by the middle-aged woman who wants to live usefully and enjoyably.*

While sodium estrone sulfate is the principal estrogen in **"Premarin,"** *other equine estrogens...estradiol, equilin, equilenin, hippulin... are probably also present in varying amounts as water soluble conjugates.*



Three potencies of **"Premarin"** *enable the physician to fit the dosage to the individual needs of the patient: 2.5 mg., 1.25 mg. and 0.625 mg. tablets; also in liquid form, 0.625 mg. in each 4 cc. (1 teaspoonful).*

Conjugated Estrogens (equine)

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

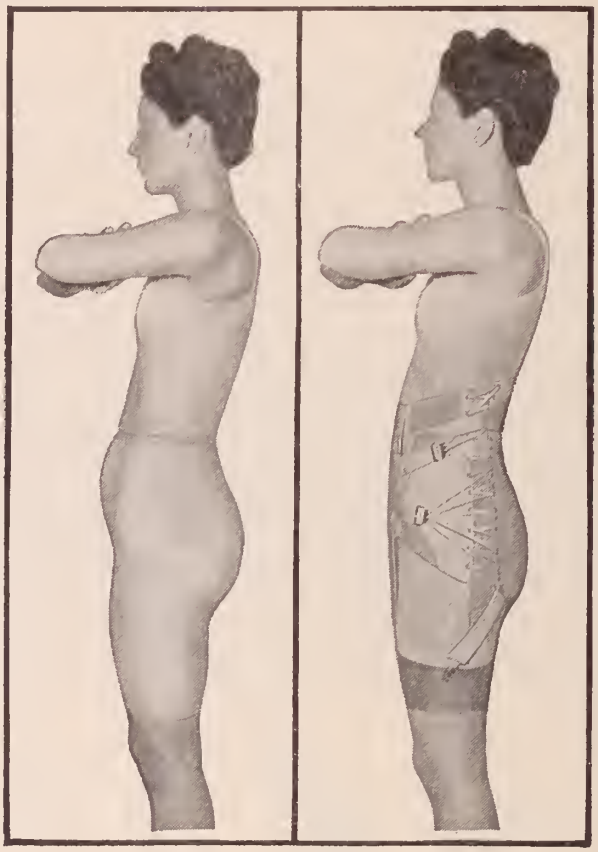
"PREMARIN"®

Ayerst

Ayerst, McKenna & Harrison Limited

22 East 40th Street, New York 16, N. Y.

Aid in conservative treatment when the fifth lumbar vertebra slips on the sacrum



Patient of intermediate type of build; roentgenograms showed spondylolisthesis, grade 1, with congenital defects. Symptoms developed after a fall on the ice during pregnancy.

Same patient after application of support. Patient reported relief from pain which was confined to the back and called attention to the ease and comfort in the wearing of the support.

. . . advantages of the CAMP lumbosacral support

. . . ***THE WELL BONED BACK***—Curves in and under the gluteal muscles, relieving the tension of these muscles on their attachments.

Wide shaped piece of material at top (fastening in front) holds the support still more closely about the lumbar spine.

. . . ***THE SLIDE LACING ADJUSTMENT***—Assists in steadying the pelvic girdle.

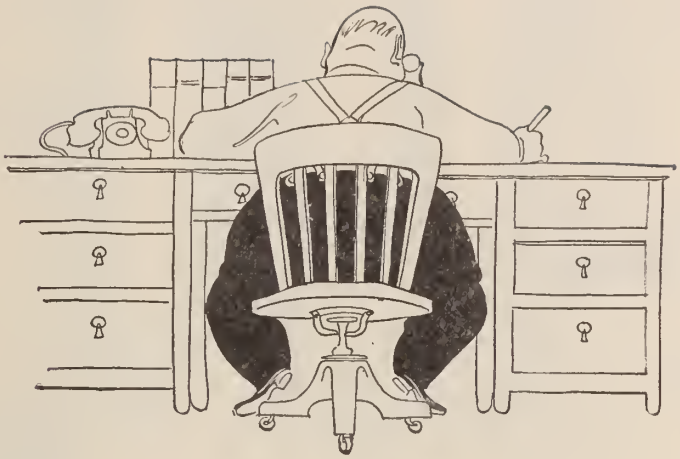
It also allows for reinforcing with aluminum steels or Camp Spinal Brace.

The elastic releases make for comfort.

S. H. CAMP AND COMPANY • JACKSON, MICHIGAN

World's Largest Manufacturers of Scientific Supports

Offices in New York • Chicago • Windsor, Ontario • London, England



PICTURE OF how B. J. Bender became a nutritive failure....

Bender is but one of the great American army of chair-warmers, shining examples of the need for two-pants suits. Exercise? They lie down until the thought of it passes. Appetite? They seek the bizarre in food to goad their tired taste buds. Result? In too many cases, sub-clinical vitamin deficiency—a condition in which the sedentary worker has a host of companions in nutritional crime: the food faddists, chronic dieters, excessive smokers, alcoholics and many others. Dietary reform is the physician's first thought, of course—vitamin supplementation usually the second. And the vitamin preparation specified very often carries the "ABBOTT" name. There is a wide variety of vitamin preparations available in the complete Abbott line . . . for oral and parenteral use . . . for almost any patient's needs, age or taste. If you are not already familiar with Abbott's dependable vitamin products, they are worth your investigation—and trial. ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS

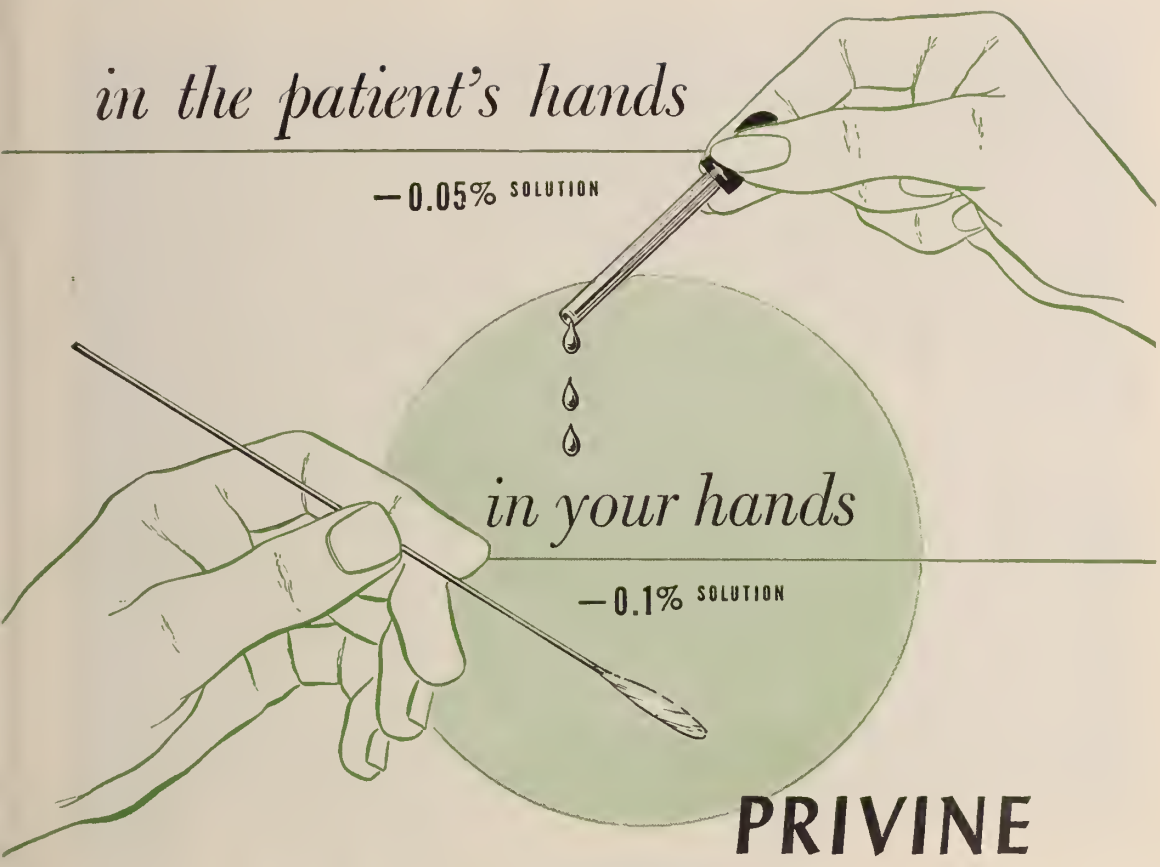
SPECIFY

Abbott Vitamin Products


WALKER
100 TABLETS
ASCORBIC ACID
(VITAMIN C)
100 MG.
100 CAPSULES
WALKER'S
HEXAVITAMIN
(U.S.P.)
PER CAPSULE
60 cc
WALKER'S
CONCENTRATED OLEO VITAMIN A-D DROPS
CONFIDENCE
The hallmark of Walker manufacture is its uncompromising emphasis on quality. Rigid controls at every stage of production, from raw materials to the finished products, insure their dependability. Physicians know that Walker vitamin products can be prescribed with confidence.
Walker
VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK
100 TABLETS
ASCORBIC ACID
(VITAMIN C)
50 MG.
100 TABLETS
NIACINAMIDE
(NICOTINAMIDE)
50 MG.
To be used only by, or on prescription of physician.
100 TABLETS
NIACIN
(NICOTINIC ACID)
100 MG.
15 cc
WALKER'S
SOLUTION THIAMINE HYDROCHLORIDE
100 TABLETS
RIBOFLAVI
5 MG.
100 TABLETS
THIAMINE HYDROCHLORIDE
(VITAMIN B1)
10 MG.
100 TABLETS
NIACIN
(NICOTINIC ACID)
50 MG.
WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK

in the patient's hands

—0.05% SOLUTION



in your hands

—0.1% SOLUTION

PRIVINE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

PRIVINE hydrochloride, 0.05 per cent, is sufficiently potent to produce long-lasting relief in the average case of nasal congestion in patients of all ages. It is therefore the Privine preparation of choice for regular prescription purposes.

Privine hydrochloride, 0.1 per cent, fills the need for an agent which will produce the intense vasoconstriction frequently necessary for adequate visualization and for pre- and post-operative shrinkage. It is therefore the Privine preparation of choice for direct use in the office or hospital.

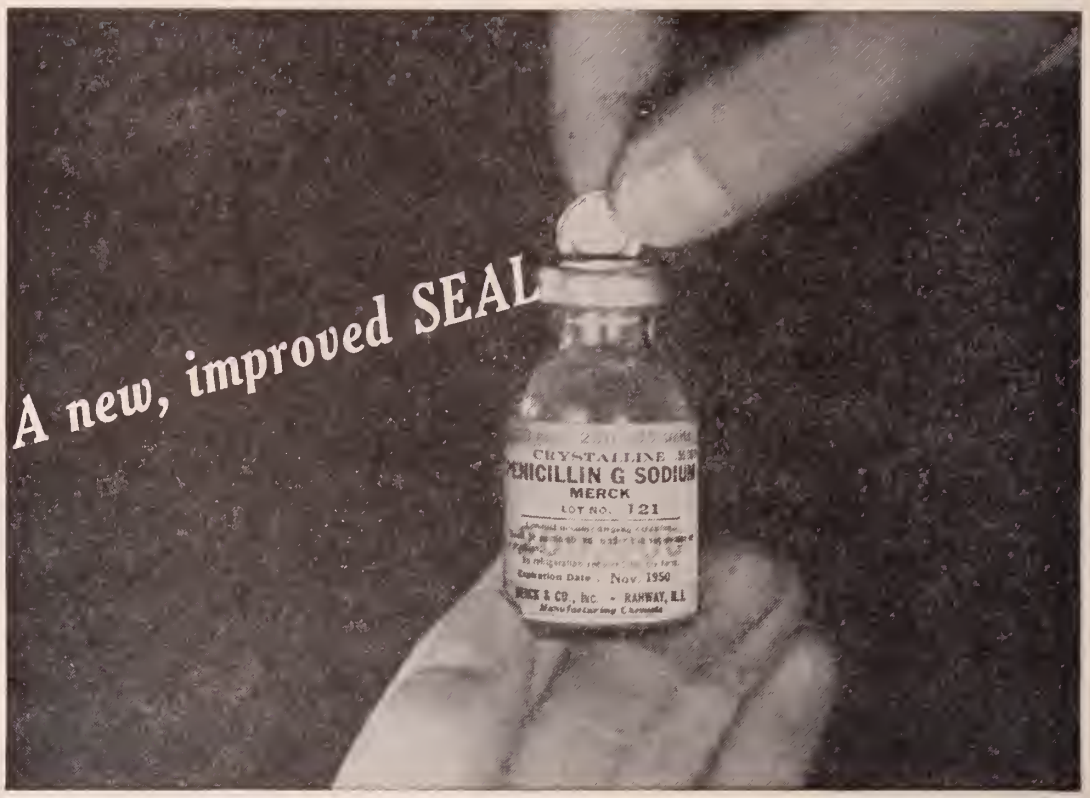
When properly administered, Privine hydrochloride induces prolonged vasoconstriction with relative freedom from local or general side effects. Three drops will usually produce nasal decongestion lasting 3-6 hours. Overdosage should be avoided.

Issued: 0.05%, bottles of 1 fl. oz. and 16 fl. ozs. • Jelly, 0.05%, tubes of 20 Gm.
0.1%, bottles of 16 fl. ozs. only

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

2/1328M

PRIVINE (brand of naphazoline) • Trade-mark Reg. U. S. Pat. Off.



Crystalline Penicillin G Sodium Merck is now supplied in vials with a new, improved aluminum seal.

Among the advantages provided by this new seal are:

- The round tear-off tab is easily removable and eliminates the necessity of using a knife or other implement to pry up the tab.
- The tight-fitting dust cap with skirt provides protection for the rubber stopper during storage of the vial between injections.

Crystalline Penicillin G Sodium Merck is a highly purified product from which therapeutically inert materials have been virtually eliminated.

For Penicillin of the highest quality—
SPECIFY MERCK!

CRYSTALLINE
PENICILLIN G SODIUM
MERCK

MERCK & CO., Inc. RAHWAY, N. J.
Manufacturing Chemists

MERCK

Experience is the Best Teacher

It's true in medicine—



John William Ballantyne

(1861-1923)

proved it in obstetrics

BALLANTYNE, in his early studies of anatomical and pathological conditions found in the new-born, sensed the value of routine prenatal care in obstetrics. As a pioneer for prenatal care he was the first to establish a clinic for the expectant mother. World-wide acceptance of Ballantyne's concepts quickly followed his successful experiences in prenatal supervision.

Experience is the best teacher in choosing a cigarette, too!



MORE PEOPLE ARE SMOKING CAMELS THAN EVER BEFORE!

Yes, experience *is* the best teacher in choosing a cigarette. Millions of smokers who have tried and compared different brands have found that Camels suit them best. As a result, more and more people are smoking Camels as the "choice of experience."

Try Camels. See if your own taste doesn't appreciate the rich, full flavor of Camels. See if your own throat doesn't welcome Camel's cool mildness.

Let your own experience tell you why more people are smoking Camels than ever before.

According to a Nationwide survey:

More Doctors Smoke CAMELS than any other cigarette

When 113,597 doctors from coast to coast — in every field of medicine — were asked by three independent research organizations to name the cigarette they smoked, more doctors named Camel than any other brand!

THOSE
Important
EXTRAS



When you use our laboratories to fill your prescriptions, you receive extra advantages. We use the finest materials—Bausch & Lomb leadership quality. At every phase of our modern finishing process, your work is inspected to meet our rigid control standards. The final product—your patients' eyewear—must be worthy of your reputation—and ours.

The SOUTHEASTERN OPTICAL CO., Inc.
distributors of
BAUSCH & LOMB PRODUCTS



THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA
Phones 5-3766 5-3767

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.



HOYE'S SANITARIUM

"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the American Psychiatric Association

Medical Advertisement



"An excellent simple presumptive test for routine use in the diagnosis of diabetes."[1]

CLINITEST

THE TABLET *NO-HEATING* METHOD FOR DETECTION OF URINE-SUGAR

SIMPLE TECHNIC—"My experience with Clinitest has convinced me beyond a shadow of a doubt that they are *the simplest* from the technical standpoint . . ."[2]

SELF-GENERATING HEAT—"The reagent tablet, known as the Clinitest Urine Sugar Tablet . . . generates heat when dissolved and the use of externally applied heat is not required . . ."[1]

Clinitest—simple, speedy, compact, convenient—is distributed through regular drug and medical supply channels.

1. Kasper, J. A. and Jeffrey, I. A.: A Simplified Benedict Test for Glycosuria, Amer. J. Clin. Pathology, *14*:117-21 (Nov.) 1944.

2. Haid, W. H.: The Use of Screening Tests in the Clinical Laboratory, J. Amer. Med. Tech., *8*:606-14 (Sept.) 1947.

Identification cards for the protection of your diabetic patients now available free upon request.

AMES COMPANY, INC.
ELKHART, INDIANA



From where I sit
by Joe Marsh

Are You "Hobby Happy"?

Funny thing about hobbies . . . When Ed Carey started making a model of the "Flying Cloud," it was only to rest his eyes from reading. But now he spends just about every spare moment ship modeling!

Some wives might have resented a husband suddenly shutting himself in the attic every night. But not Ed's wife. When she found him working late, she brought him up some beer and crackers . . . showed a real interest in his hobby . . . until finally Ed had her helping him with the rigging.

Wasn't very long before they were working side by side on Ed's bench, sharing a common interest. Instead of keeping them apart, Ed's hobby brought them more together.

From where I sit, a husband's hobby can often be a wife's as well. In fact, I've got the missus interested in tying trout flies—and, along with that mellow glass of beer, it makes the evenings go by mighty pleasantly.

Joe Marsh

Copyright, 1948, United States Brewers Foundation



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

The Brown Schools

INC.

FOR EXCEPTIONAL CHILDREN

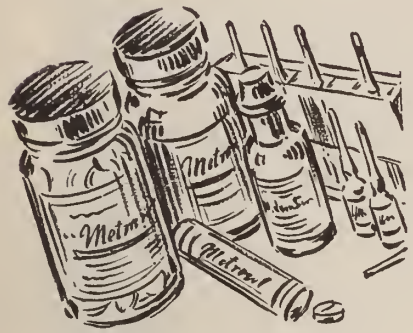
Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas

Metrazol - *Powerful, Quick Acting Central Stimulant*

COUNCIL ACCEPTED

ORALLY - for respiratory and circulatory support
BY INJECTION - for resuscitation in the emergency



INJECT 1 to 3 cc. Metrazol as a restorative in circulatory and respiratory failure, in barbiturate or morphine poisoning and in asphyxia. PRESCRIBE 1 to 3 tablets or 15 to 45 minims oral solution, as a sustaining agent in pneumonia and congestive heart failure.

AMPULES - 1 and 3 cc. (each cc. contains 1½ grains.)
TABLETS - 1½ grains.
ORAL SOLUTION - (10% aqueous solution.)

Metrazol, brand of pentamethylentetrazol, Trade Mark reg. U. S. Pat. Off.

Bilhuber-Knoll Corp. Orange, N. J.

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLIGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

SEVENTY-FOURTH
ANNUAL CONVENTION
ST. AUGUSTINE
APRIL 11-14, 1948



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director
Barclay J. MacGregor
Registrar
33 Geneva Road, Wheaton, Illinois (near Chicago)

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) RICHMOND, VIRGINIA



Private Hospital for neurological cases under the charge of Drs. **Beverly R. Tucker, Howard R. Masters and James Asa Shield.** Department of Physiotherapy.

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing

For Better Patient-Doctor Cooperation . . .

Put **HYGEIA** *in your waiting room*



HYGEIA THE HEALTH MAGAZINE

- explodes health superstition
- exposes quack medical practices
- discourages self-medication

Your patients will benefit by reading Hygeia. Send for a copy now —$2.50 per year.

AMERICAN MEDICAL ASSN., 535 N. Dearborn St., Chicago 10

Yes, send me

☐ a free copy of HYGEIA
☐ a year's subscription, $2.50 (Bill later)

Dr. .....
Address .....
City ..... State .....

MIAMI RETREAT SANATORIUM

FOUNDED 1927

For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites

79TH STREET AT MIAMI AVENUE
MIAMI 38, FLORIDA
Phone 7-1824

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	$8.00 Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	$16.00 Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	$24.00 Quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	$32.00 Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

85c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS

$15,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Intensive Course in Surgical Technique, Two Weeks, starting April 12, May 10, June 7.
Surgical Technique, Surgical Anatomy & Clinical Surgery, Four Weeks, starting March 29, April 26, May 24.
Surgical Anatomy & Clinical Surgery, Two Weeks, starting April 12, May 10.
Surgery of Colon & Rectum, One Week, starting April 26, May 24.
Surgical Pathology every two weeks.

FRACTURES & TRAUMATIC SURGERY—Intensive Course, Two Weeks; starting June 7.

PEDIATRICS—Intensive Course, Four Weeks, starting April 5.

GYNECOLOGY—Intensive Course, Two Weeks, starting April 26, June 7.

OBSTETRICS—Intensive Course, Two Weeks, starting April 12, June 21.

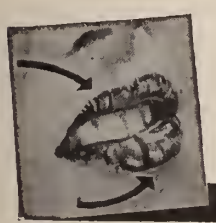
MEDICINE—Intensive Course, Two Weeks, starting April 26.
Personal Course in Gastroscopy, Two Weeks, starting March 29, April 19.
Electrocardiography & Heart Disease, Four Weeks, starting May 3.

DERMATOLOGY—Formal Course, Two Weeks, starting April 26.
Clinical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

Teaching Faculty
Attending Staff of Cook County Hospital

Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois



In *Cheilitis* from LIPSTICK

Intractable exfoliative lip dermatoses may often be traced to eosin lipstick dyes. Remove the offending irritants, and the symptoms often disappear. In lipstick hypersensitivity, prescribe AR-EX NON-PERMANENT LIPSTICK—so cosmetically desirable, yet free from all known irritants. *Send for Free Formulary.*

PRESCRIBE
℞
AR-EX
NON-PERMANENT
LIPSTICK

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST. CHICAGO 7, ILL.

BERGER and BEEBE LOUPES

for comfortable, accurate magnification

BERGER LOUPE



A lightweight, compact unit, the Berger Loupe possesses many desirable advantages. Simple adjustment features enable it to be fitted snugly yet comfortably to the facial contour, assure correct setting for individual PD requirements. Even when worn over glasses, it eliminates outside light interference.

Constructed of durable aluminum finished in japanned black, the Berger Loupe is fitted with sphero-prism lenses set at the proper angle. Housing louvers afford ample ventilation.

Magnification of 2.5X. Produced to meet the most precise ophthalmic requirements.

BEEBE LOUPE



For those who have occasional need of magnified vision the AO Beebe Loupe answers the purpose conveniently, economically.

It consists of a comfortable cable temple frame with cells for corrective lenses. Easily adjustable in angle of convergence, the Beebe Loupe is especially effective in performing close work.

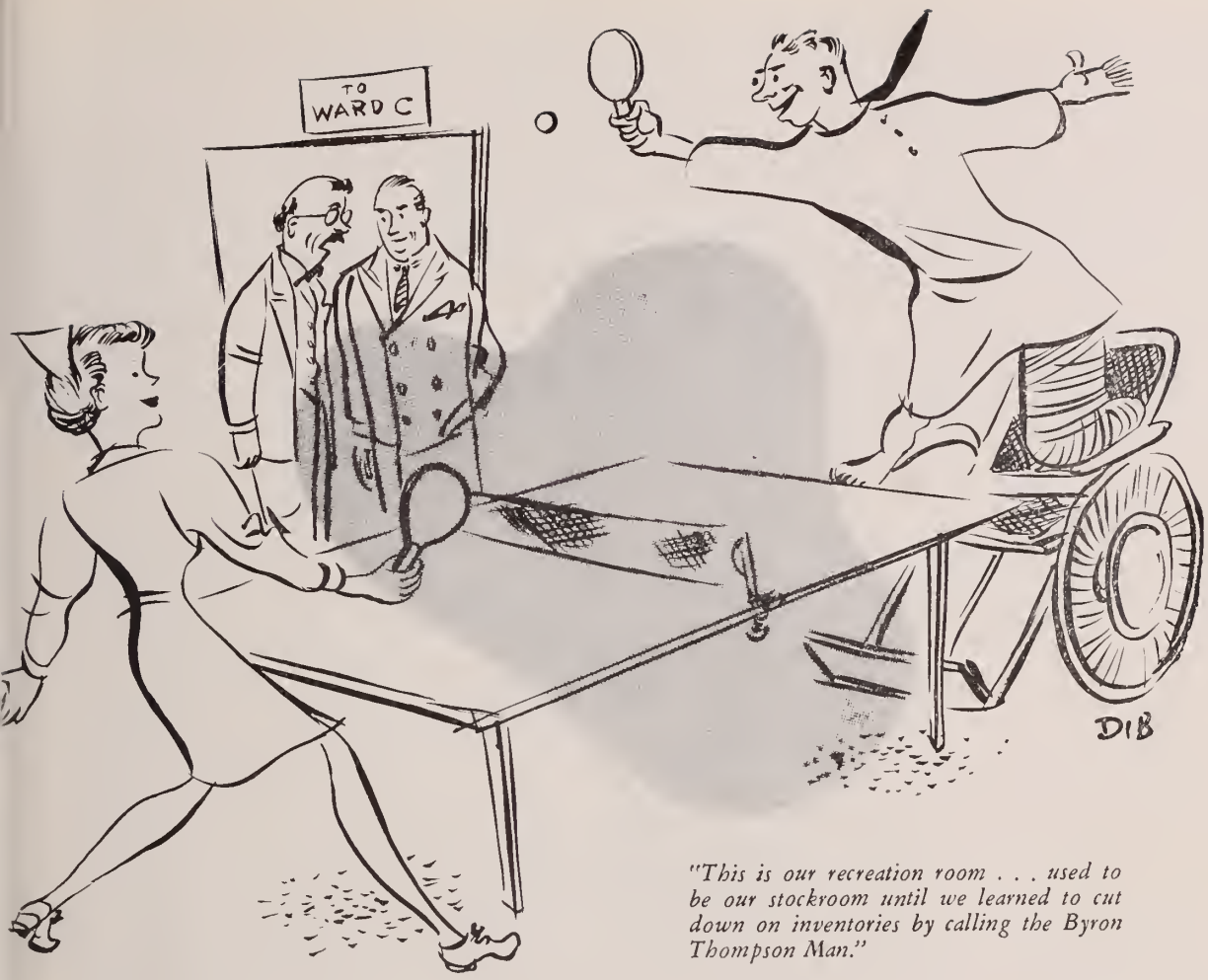
Magnifies 2 times. Need not be removed to observe other than examination objects.

Consult your nearest AO Branch Laboratory

American Optical COMPANY

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 194
Florida Medical Districts	W. Duncan-Owens, Miami Beach	Council Chairman	
A-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Live Oak, 1948
B-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	Daytona Beach, 1948
C-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Bradenton-Sarasota, 1948
D-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	West Palm Beach, 1948
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Chicago, June 21-25, 1948
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Carl A. Grote, Huntsville, Ala	Douglas L. Cannon, Montgomery	Mobile, Apr. 15, 16, 17, 1948
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Atlanta, Apr. 27-30, 1948
Florida—			
Basic Science Exam. Board	Paul A. Vestal, Winter Park	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 23-June 5, 1
Dental Society, State	Horace L. Cartee, D.D.S., Miami	John I. Todd, D.D.S., Jacksonville	Hollywood, Dec. 12-15, 19
Derm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
Genl. Practice of Med.	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
Health Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
Hospital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Industrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, June 29-30, 194
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 28 -July 3
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	St. Augustine, Apr. 14, 19
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Helen Shearston, Miami	West Palm Beach, Fall, 1948
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
Pharmaceutical Association, State	Mr. A. B. Ware, Branford	Mr. R. Q. Richards, Ft. Myers	Jacksonville, Apr. 27-29, 194
Public Health Association	Wilson T. Sowder, Jacksonville	Mr. Fred B. Ragland, Jacksonville	Panama City, Oct. 7-9, 194
Radiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy G. Thomas, Groveland	Mr. E. W. Crouch, Foley	Jacksonville, May 3, 4, 194
Woman's Auxiliary	Mrs. L. M. Jenkins, Miami	Mrs. C. D. Rollins, Jacksonville	St. Augustine, 1948
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Allergy Assn.	J. Warrick Thomas, Richmond, Va.	Kath. B. MacInnis, Columbia, S. C.	
Southeastern, Am. College Phys.	Webster Merritt, Jacksonville	Florida Program Chairman	Atlanta, 1948
Southeastern Am. Urological Assn.	Harold P. McDonald, Atlanta	Russell B. Carson, Ft. Lauderdale	Boca Raton, March, 1949
Southeastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Hollywood, Apr. 5-8, 1948



"This is our recreation room . . . used to be our stockroom until we learned to cut down on inventories by calling the Byron Thompson Man."

CALLING the Byron Thompson Man can cut down on the inventories you have in hospital, medical, surgical or laboratory supplies and equipment. More than that, however, you need no longer keep track of sources of supply. You see, we carry more than 15,000 items right in stock. And we are sure to have your favorite brands, for we buy from 400 of the leading manufacturers.

● Byron Thompson service is fast, too. You can get any item in our stock promptly day or night. And when things get out of order, we help solve those problems, too. Our repair men rank with the most highly trained and skillful in the country. They, too, are at your beck and call 24 hours a day.

● In other words, we offer a complete service in all medical, surgical, laboratory and hospital supplies and equipment—except for diet kitchens and business offices. Form the habit of calling the Byron Thompson Man today.

Byron Thompson & Company

INCORPORATED

ESSENTIALS FOR SCIENTIFIC PROGRESS

DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE • MIAMI • ORLANDO



NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV APRIL, 1948 No. 10

THE N.Y. ACADEMY OF MEDICINE
APR 16 1948
LIBRARY

IN THIS ISSUE

Streptomycin in Urinary Tract Disease
Linus W. Hewit
E. S. Gilmer

Wounds of the Abdomen
Horace M. Anderson
W. G. Harris
F. Hardy Bowen

Typhus Fever
Henry L. Harrell
Eugene G. Peek

Conditions Involving Sight
Nathan S. Rubin

"Doctor" Urbuteit and His "Magic Sinuothermic Machine"
An Editorial

(Complete Table of Contents on Page 576)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.



summing up

MAPHARSEN®

is . . . "therapeutically

highly effective

and hence of value in syphilotherapy. It has the advantage of being a pure stable chemical substance and relatively easy to administer, and in the doses used in therapy, well tolerated." *

*Cushny, A. R. Pharmacology and Therapeutics, 13th Ed., Lea & Febiger, Philadelphia, 1947, p. 183.

Disappearance of spirochetes, healing of lesions, and reversal of seropositivity in a large percentage of cases in series after series attest its spirocheticidal effectiveness. Equally adapted to the intensive, the intermediate or conventional prolonged treatment schedules,

MAPHARSEN is

an arsenical of choice in antiluetic therapy.

MAPHARSEN (oxophenarsine hydrochloride, P. D. & Co.) is supplied in single dose ampoules of 0.04 Gm. and 0.06 Gm., in boxes of 10. Multiple dose ampoules, each containing 0.6 Gm., are available in boxes of 10.

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

MEDICAMENTA VERA · P D & CO.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

Volume XXXIV APRIL, 1948 No. 10

CONTENTS

SCIENTIFIC ARTICLES

Clinical Use of Streptomycin in Urinary Tract Disease, Linus W. Hewit, M.D., and E. S. Gilmer, M.D. ... 587
Management of Perforating and Penetrating Wounds of the Abdomen, Horace M. Anderson, M.D., W. G. Harris, M.D., and F. Hardy Bowen, M.D. ... 590
Typhus Fever: Report of Seven Simultaneous Cases in Ocala, Henry L. Harrell, M.D., and Eugene G. Peek, M.D. ... 593
Medical and Surgical Treatment of Conditions Involving Sight, Nathan S. Rubin, M.D. ... 596

ABSTRACTS OF MEDICAL ARTICLES

Some Uncommon Surgical Causes of Right Lower Quadrant Abdominal Pain, Richard Marion Fleming, M.D. ... 601
Bronchography, J. M. Dell, Jr., M.D. ... 601

EDITORIALS

Journal Schedule and Convention Reports ... 603
"Doctor" Urbuteit and His "Magic Sinuothermic Machine" ... 603
Blue Cross-Blue Shield Chief ... 605
Dr. Scheele Succeeds Dr. Parran As Surgeon General ... 605
What Portends for the Nation's Health? ... 605
Pharmacist and Physician—The Pharmaceutical-Medical Research Foundation ... 607
National Health Assembly—May 1-4 ... 607

COMMENTARIES

Graduate Short Course in June ... 608
Data for 1949 A. M. A. Directory ... 608

GENERAL FEATURES

Officers and Committees ... 602, 603
State Board of Health ... 608
Public Relations ... 610
State News Items ... 610
Births and Deaths ... 611
Component Society Notes ... 611
Allen P. Gurganious (Obituary) ... 612
Charles Frederic Roche (Obituary) ... 614
Woman's Auxiliary Officers ... 615
List of County Medical Societies, Presidents and Secretaries ... 630
Schedule of Meetings ... 631

This Journal is not responsible for the opinions and statements of its contributors.

Published monthly at Jacksonville, Florida. Price $5.00 a year; single numbers, 50 cents. Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.), Jacksonville 1, Fla. Telephone 5-0577. Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918. Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924.



For More Rapid Desensitization of the Hay-Fever Patient

PYRIBENZAMINE

The prophylactic administration of Pyribenzamine hydrochloride prior to a desensitizing dose of allergen has proved successful in the prevention of constitutional reactions.[1] By using Pyribenzamine routinely during desensitization therapy, it is possible to make greater increments of dosage, thereby reducing the total number of injections required.[2]

Likewise, in the prophylaxis and treatment of allergic reaction to liver extract, penicillin, the sulfonamides and certain other drugs, Pyribenzamine has proved efficacious.[1, 3]

1. Arbesman, C. E. et al. Jl. of Allergy 17:275, Sept. 1946.
2. Fuchs, A. M. et al. Jl. of Allergy 18:385, Nov. 1947.
3. Feinberg, S. M. and Friedlaender, S. Am. J. Med. Sci. 213:58, Jan. 1947.

ISSUED: Scored tablets 50 mg. • Elixir, 5 mg. per cc.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

2/1354M

PYRIBENZAMINE (brand of tripelennamine) • T. M. Reg. U. S. Pat. Off.



"No, No, Orderly!
If we're short
of stretchers ... call the BYRON THOMPSON MAN"

There are often unnoticed equipment shortages in your hospital that bring inconvenience and discomfort to your patients. It's a good idea to keep your equipment and stock of supplies up to the minute. How? Call the Byron Thompson Man!

Byron Thompson has *everything* you need . . . 15,000 different items for the laboratory, hospital or physician's office —equipment and supplies from nearly 400 manufacturers, located both in this country and abroad, are in stock. You can get them immediately—night or day (unfortunately shortages of *some* items still exist . . . but your wait won't be long). Just pick up your phone and call The Byron Thompson Man!

Also, our staff of skillful, technically-trained servicemen is standing by right now to come to your aid in repairing any piece of equipment that goes out on you . . . no matter what it is. So, when you're burdened with a breakdown, reach for your phone—day or night—And **Call The Byron Thompson Man!**

Byron Thompson & Company
INCORPORATED

ESSENTIALS FOR SCIENTIFIC PROGRESS

DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE • MIAMI • ORLANDO



dyspepsia

the most common gastric disturbance

"Dyspepsia" due to hyperchlorhydria is the most common of all gastric disturbances. . . By prescribing Creamalin for the control of hyperacidity, the physician is assured of prolonged antacid action without the danger of alkalosis or acid rebound. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it rapidly relieves gastric pain and heartburn.

Creamalin

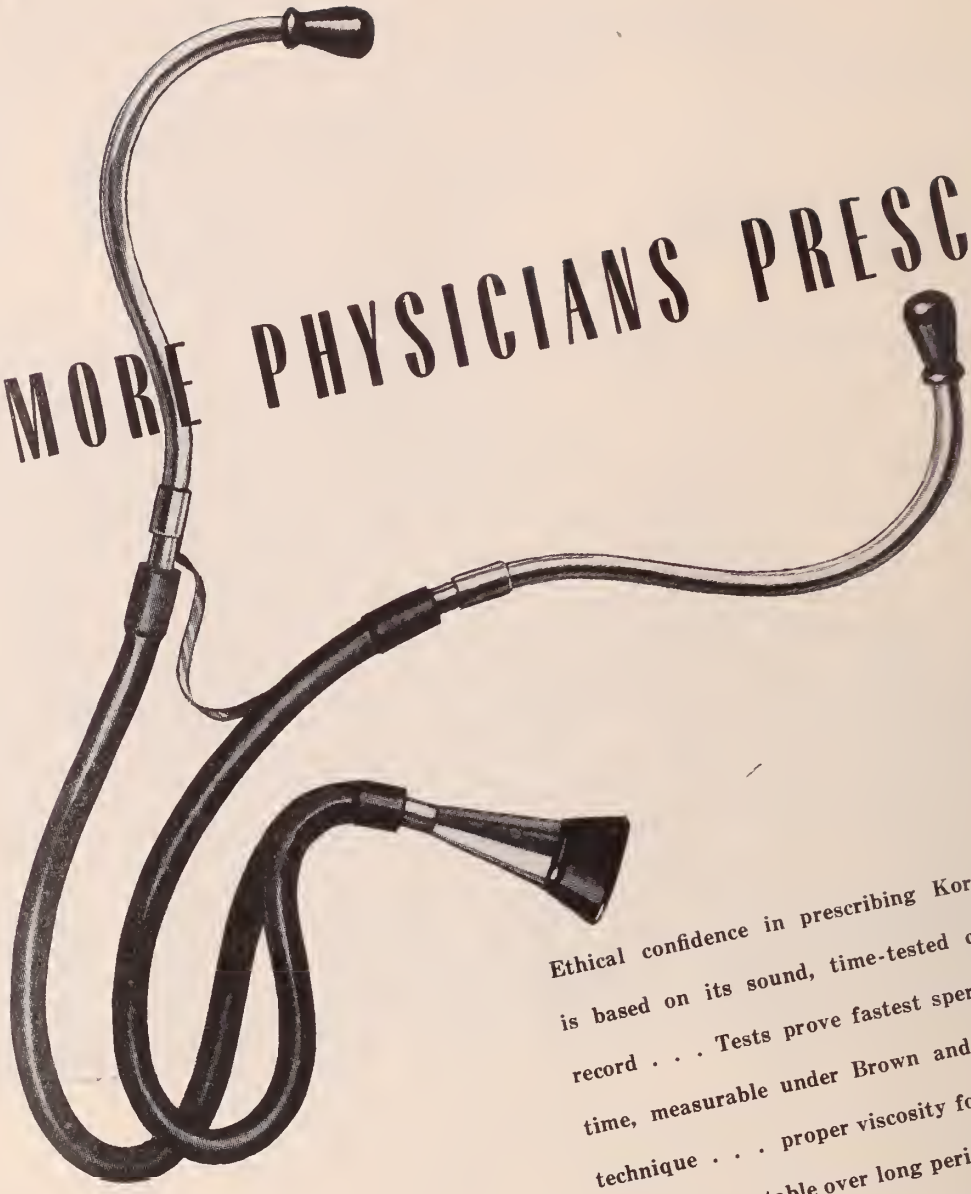
Brand of aluminum hydroxide gel

LIQUID IN 8 OZ., 12 OZ., AND 1 PINT BOTTLES

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

CREAMALIN, trademark reg. U. S. Pat. Off. & Canada

VOLUME XXXIV
NUMBER 10



MORE PHYSICIANS PRESCRIBE

Ethical confidence in prescribing Koromex is based on its sound, time-tested clinical record . . . Tests prove fastest spermicidal time, measurable under Brown and Gamble technique . . . proper viscosity for cervical occlusion . . . stable over long period of time, p. H. consistent with that of the normal vagina.

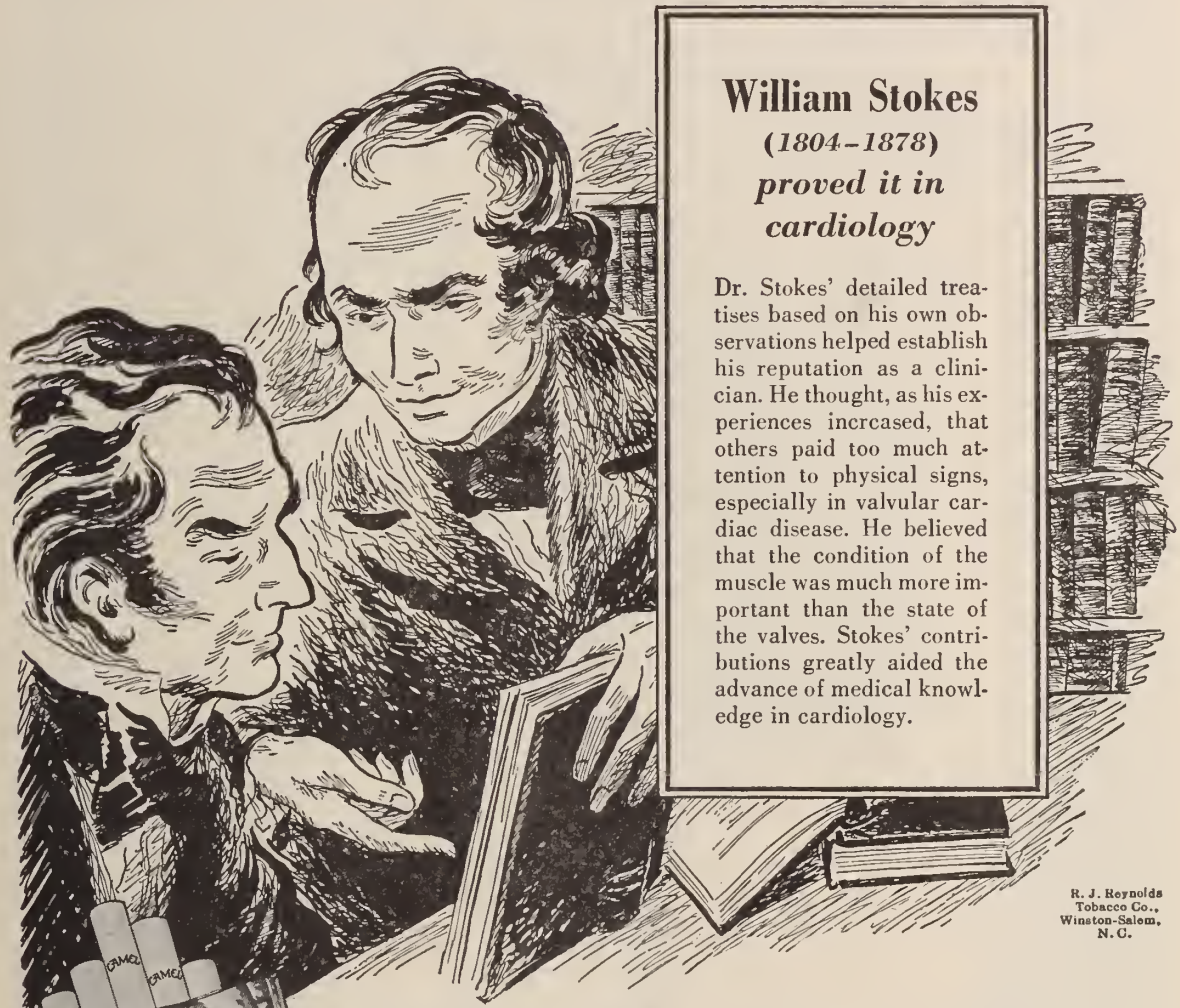
KOROMEX

"First with the Finest in Feminine Hygiene"

HOLLAND-RANTOS COMPANY, INC., 145 HUDSON STREET, NEW YORK 13, N. Y.

Merle L. Youngs PRESIDENT

Experience is the Best Teacher



William Stokes
(1804–1878)
proved it in cardiology

Dr. Stokes' detailed treatises based on his own observations helped establish his reputation as a clinician. He thought, as his experiences increased, that others paid too much attention to physical signs, especially in valvular cardiac disease. He believed that the condition of the muscle was much more important than the state of the valves. Stokes' contributions greatly aided the advance of medical knowledge in cardiology.

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.





EXPERIENCE IS THE BEST TEACHER IN CIGARETTES, TOO!

With the thousands and thousands of smokers who have tried and compared many different brands of cigarettes, Camels are the "choice of experience."

Try Camels yourself! Find out how much your taste appreciates the full, rich flavor of Camel's choice, properly aged, expertly blended tobaccos—how your throat welcomes Camel's cool mildness.

Let your own experience tell you why more people are smoking Camels than ever before.

According to a Nationwide survey:

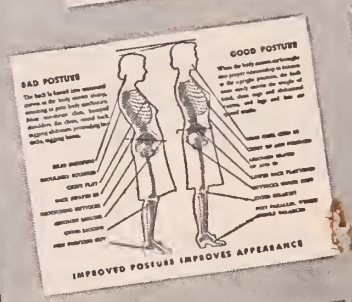
More Doctors Smoke CAMELS
than any other cigarette

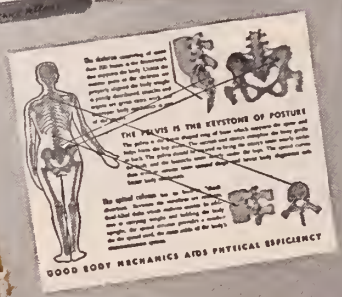
Three leading independent research organizations in a nationwide survey asked 113,597 doctors what cigarette they smoked. The brand named most was Camel!

10th annual
CAMP NATIONAL POSTURE WEEK MAY 3-8

GOOD POSTURE IS A GOOD HABIT







FREE: HUMAN INTEREST GOOD POSTURE CHART in full color 18" x 24" designed for physicians' offices, clinics and health centers. One in a standard series widely distributed in schools, colleges, industrial plants, "Y's" and similar outlets. Write for your office copy of this educational chart on your professional letterhead to SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE, EMPIRE STATE BLDG., NEW YORK 1, N.Y.





AVAILABLE: Two interestingly illustrated 16 page booklets on posture prepared especially for distribution by physicians to their patients. Their titles: "The Human Back—its relationship to Posture and Health" and "Blue Prints for Body Balance." Ask for the quantity you need on your professional letterhead. THE SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE, Empire State Bldg., New York 1, N.Y. Founded by S. H. Camp & Company, Jackson, Mich.

In its tenth year, Posture Week will again highlight our year-round program of focusing attention on the significance of good posture as an important element in good health and physical fitness.

Through practical cooperation and voluminous correspondence physicians, educators and lay groups in the field of public health have expressed their appreciation for this work.

Naturally, we hope to again merit the continued cooperation and approval of the medical profession.

S. H. CAMP & COMPANY, JACKSON, MICHIGAN
World's Largest Manufacturers of Scientific Supports
Offices in New York, Chicago, Windsor, Ont., London, Eng.



Custom-made clots are now available with Gelfoam.*

The old surgeon may have dreamed of the day when a ready-made clot would staunch oozing surfaces, capillary bleeding, trickling from small veins, hemorrhage from resected tissues.

The surgeon of today has at hand a custom-made clot with Gelfoam, the absorbable hemostatic gelatin sponge. Cut or molded to the exact specifications of any wound, and applied with or without thrombin, Gelfoam may be left in situ without fear of tissue reaction.

*Trademark, Reg. U. S. Pat. Off.

Gelfoam

Upjohn
KALAMAZOO 99, MICHIGAN

fine pharmaceuticals since 1886



GOOD INSURANCE WHEN *Under-Nutrition* THREATENS

When increased nutrient needs, finicky appetite, or food aversions threaten the nutritional state by limiting food intake, the delicious food drink made by mixing Ovaltine with milk is employed to advantage.

This nutritional supplement proves good insurance against an inadequate nutrient intake, since three glassfuls daily brings even an ordinary diet to optimal levels. It supplies generous amounts of all the nutrients considered essential: biologically adequate protein, B complex and other vitamins including ascorbic acid, readily utilized carbohydrate, easily emulsified fat, and important minerals. Adults and children both enjoy the delicious taste of Ovaltine. Hence it is readily taken by all patients in the recommended quantity.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovoltine, each mode of ½ oz. of Ovoltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.



Diagnosis
WITHOUT *Disturbance*
in cholecystography

When gallbladder pathology is suspected, accurate roentgenologic demonstrations of normal, malfunctioning and calculous organs afford decisive information to physician and surgeon.

PRIODAX

(brand of iodoalphionic acid)

convenient oral contrast medium for gallbladder visualization, permits precise diagnosis by a simplified technic causing little or no discomfort to most patients.

Six 0.5 Gm. tablets after a light, usually fat-free evening meal constitute the sole preparation required for PRIODAX* cholecystography. No involved dietary prescriptions or adjuvant premedication with alkalies, pressor agents or paregoric are necessary.

PACKAGING: PRIODAX, beta-(4-hydroxy-3,5-diiodophenyl)-alpha-phenyl-propionic acid, is supplied in envelopes of six 0.5 Gm. tablets, available in boxes of 1, 5, 25 and 100 envelopes, each bearing instructions for the patient. Hospital Dispensing Packages contain 4 rolls of 250 tablets each.

*®

PRIODAX

Schering CORPORATION • BLOOMFIELD, NEW JERSEY

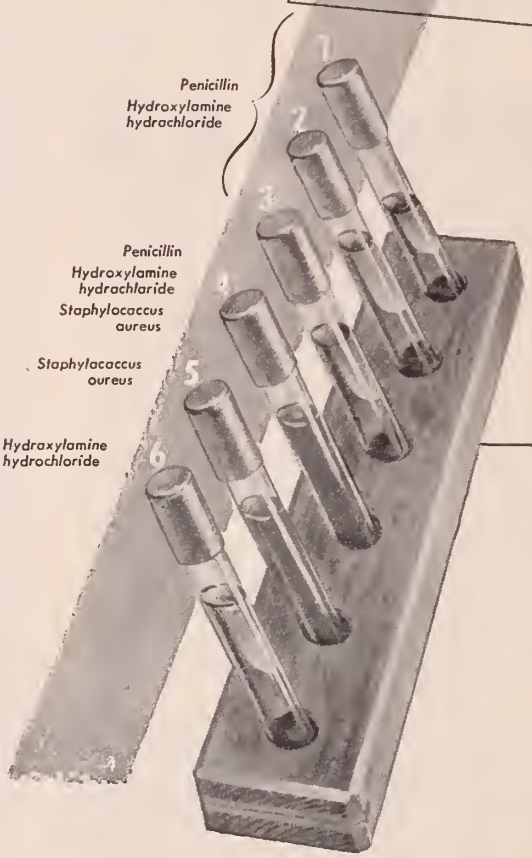
IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

SCHERING

proving ground



FOR STERILE PENICILLIN



STERILITY TEST—*one of 138 separate tests made by Abbott in the production of dependable penicillin:* Six tubes, each containing 15 cc. of sterile culture medium, are used. Tubes 1, 2, 3 and 4 receive 1 cc. of a solution of 100,000 units of penicillin dissolved in 10 cc. of hydroxylomine hydrochloride. This chemical compound inactivates penicillin so that its antibiotic power does not influence sterility findings. Tube 4, in addition, receives 1 cc. of a 24-hour culture of *Staphylococcus aureus* to show whether penicillin had been inactivated. Activity of *S. aureus* is tested by tube 5, which receives 1 cc. of bacterial culture only. Tube 6 receives 1 cc. of hydroxylomine hydrochloride to test sterility of inactivator. All six tubes are incubated at 37° C., observed on 2nd, 4th and 7th days. (F.D.A. requirement, 4 days.) Typical tests results: Tube 6 remains clear, showing inactivator was sterile. Tube 5 grows out (becomes cloudy with bacteria), showing that *S. aureus* is active. Tube 4 grows out, proving that penicillin in it and in Tubes 1, 2 and 3 had been inactivated by hydroxylamine hydrochloride. Tubes 1, 2 and 3 remain clear, showing that no bacterial growth has taken place and penicillin is sterile.

FREQUENT, exacting and varied tests—138 in all—protect Penicillin Abbott in the course of production. These 138 Abbott tests, in addition to those conducted by the Food and Drug Administration, are your assurance that Penicillin Abbott can be used *with confidence.* From mold to finished product, the tests include not only sterility but also potency, pyrogens, toxicity, penicillin G content, heat stability, pH, moisture content, solubility and crystallinity. As a result, Penicillin Abbott is absolutely dependable—whether in cartridges, vials, troches, tablets or ointments. Remember the name ABBOTT for penicillin needs. ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS.

Specify **ABBOTT** PENICILLIN PRODUCTS



A "One-Product Treatment" for Pernicious Anemia

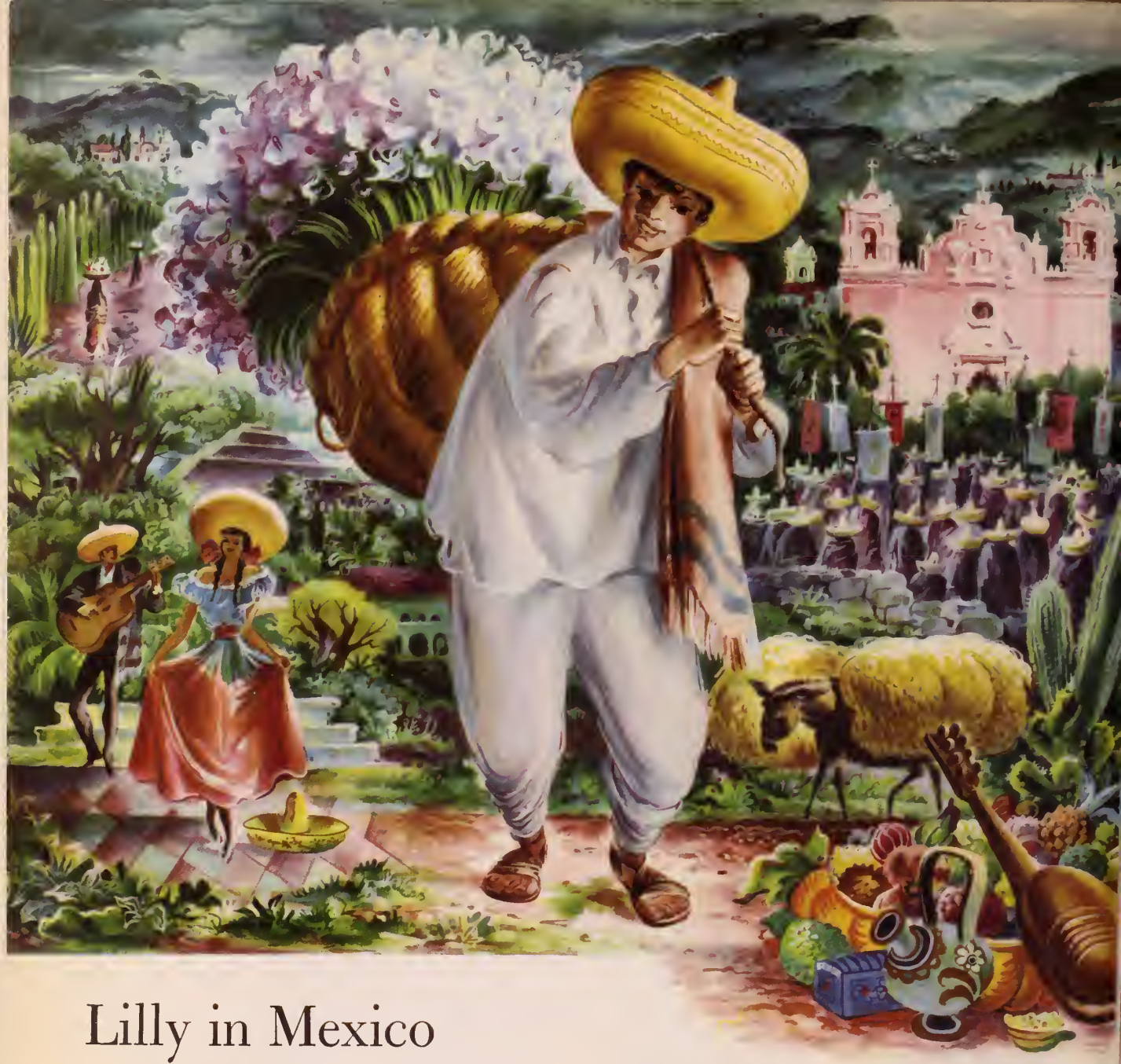
In the treatment of pernicious anemia it is important to restore and maintain a normal blood picture. Equally important is the prevention of irreversible neurological changes.

Injectable Liver Extracts, Lilly, provide a one-product solution for the treatment of pernicious anemia. With suitable doses, not only is the red-blood-cell count maintained at normal levels, but central-nervous-system degeneration is prevented as well. Fully potent, injectable liver extract solutions are available in strengths of 1, 2, 5, 10, and 15 U.S.P. units per cc.

Complete literature is available from Eli Lilly and Company upon request.

Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.



Lilly in Mexico

GUARDIAN over the quality of pharmaceutical products imported into Mexico is the Department of Health and Public Assistance. The standards prescribed in some instances are even more strict than those in the United States. Complete documentation of the therapeutic and pharmaceutical background is required before a product may be registered. To verify label claims after acceptance, authorities routinely obtain packages from the drug trade for testing. Lilly products have been consistently accepted by this department and have made an enviable record for uniformity and reliability.

Medical research in Mexico is growing in scope and importance. For the nineteen years Eli Lilly and Company has been represented in Mexico, cordial relationships have grown with the Mexican medical profession. Through scholarship and research grants, promising young medical scientists have been aided in furthering their training in universities of the United States. As practical applications of their investigations are forthcoming, Eli Lilly and Company hopes to make them available to physicians everywhere.

LILLY INTERNATIONAL

A 15 x 12 reproduction of this Joseph Feher illustration, suitable for framing, is available upon request.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY
Volume XXXIV Jacksonville, Florida, April, 1948 No. 10

Clinical Use of Streptomycin in Urinary Tract Disease

LINUS W. HEWIT, M.D.
AND
E. S. GILMER, M.D.
TAMPA

Streptomycin, the new antibiotic drug, has been under extensive investigation in infections of the urinary tract for some time. Penicillin and the sulfonamides have not been found 100 per cent curative, and many patients have become resistant and sensitive to these drugs. We will show that streptomycin is also far from 100 per cent curative. Keefer and others[1] found that in 409 cases collected by the Committee on Chemotherapeutics and the National Research Council, the over-all recovery rate was 42 per cent.

We have used streptomycin in 44 cases of urinary infection, and for the most part, in cases in which there was no response to the other drugs, such as sulfonamides, mandelic acid and penicillin. In all but a few cases, a urine culture was obtained prior to starting the drug. The dosage varied from 125 mg. every three hours to 250 mg. every six hours, but in most cases the patient received 200 mg. at three hour intervals. The drug was given by intramuscular injection. The total amount of the drug given varied from 5 to 15 Gm. The urine was made alkaline by the use of sodium bicarbonate, and fluids were given up to 3,000 cc. daily. The concentration of streptomycin required to inhibit the bacteria cultured in each case was not determined except in 1 case.

PYELONEPHRITIS

Sixteen cases of acute and chronic pyelonephritis were treated. In all of these cases the disease was due to gram-negative organisms, and in all response to all other therapy had failed. In 8 cases cure was effected, and in 8 there was failure.

In 8 cases of chronic pyelonephritis each patient was given 200 mg. of the drug every three hours until 7 Gm. was administered. Five patients were cured, and 3 failed to respond. In the 5 cases in which a cure resulted, the offending organism was Escherichia coli in 4 cases, and Bacillus pyocyaneus in 1 case. In the failures, the organisms isolated were Alcaligenes faecalis in 1 case and Esch. coli in 2 cases. There was no urinary obstruction in any of these cases.

In all but 2 of the cases of acute pyelonephritis there was present some primary type of obstructive lesion, such as prostatic hypertrophy, ureteral calculi, carcinoma of the bladder and ureteral stricture. Cure resulted in 3 cases and failure in 5. In the 5 cases of failure the pyelonephritis was not cured until the primary obstruction was removed. The organism in the 3 improved cases of acute pyelonephritis was Esch. coli. In those unsuccessfully treated, the organism was A. faecalis in 2 cases, Esch. coli in 2, and Esch. coli and Bacillus proteus in 1. In 1 case the patient received 15 Gm. of the drug without results. It is important that obstructive lesions in the urinary tract be removed prior to starting therapy.

RENAL CALCULI WITH PYELONEPHRITIS

Five cases in which there were renal and ureteral calculi were treated. In these cases the patients received 7 to 15 Gm. of the drug, and in all this therapy resulted in failure. In 2 cases bilateral renal calculi with much infection were present, and Esch. coli was cultured in the urine. The pyuria did decrease while the drug was being given, but the culture remained positive, and the pyuria returned as soon as the drug was discontinued.

One patient with ureteral and renal calculi and an Aerobacter aerogenes septicemia was treated with 10 Gm. of the drug and improved, but cure was not effected until all calculi were removed and proper drainage accomplished. In 2 cases ureteral calculi with severe pyelonephritis were present. There was no response until the

Read before the Northwest Medical District Meeting, Panama City, Oct. 27, 1947.

calculi were removed. The urine cultures in the 5 cases were Esch. coli in 3, A. faecalis in 1, and A. aerogenes in 1. We believe that streptomycin should not be used in cases of renal or ureteral calculi, unless severe toxemia or septicemia is present, but it can be used to clear up the resultant infection following surgery for calculi of the urinary tract.

NEUROGENIC BLADDER

It has been shown by Kleinman, Shearer and Sprinz[2] that patients with a neurogenic bladder in which residual urine is present do not respond to streptomycin therapy. One case treated was that of a man with a normal reflex neurogenic bladder, secondary to an old left hemiplegia. This patient had 3 ounces of residual urine at all times, and the urine culture revealed A. faecalis. There was no response to the drug in this case.

RUPTURED BLADDER

Three cases of intraperitoneal rupture of the urinary bladder were treated following surgery with 125 mg. of streptomycin every three hours and penicillin, 40,000 units every three hours for six days. No evidence of peritonitis developed in these cases, and we believe that the use of streptomycin was a definite factor in the prompt recovery of the patients.

CHRONIC URETHRITIS WITH CYSTITIS

Three women having chronic urethritis with cystitis were treated. They had received penicillin, sulfonamides, urethral dilatations and other local treatments without results. Culture of the urine revealed Esch. coli in all cases. Each patient received 200 mg. every three hours until 7 Gm. was given. Only one was cured. In the 2 cases treated unsuccessfully the urine was pus-free while the drug was being given, but in both the condition recurred. In 1 case cure was later effected with two injections of neoarsphenamine.

PROSTATIC OBSTRUCTION WITH INFECTION

Two patients having cystitis with prostatic obstruction were given 7 Gm. of the drug. Both had urethral catheters in place. There was no decrease in the pyuria at any time, and the urine culture remained positive. Streptomycin should not be given when it is necessary to have an indwelling catheter present because of the frequency of reinfection.

CHRONIC PROSTATITIS AND CYSTITIS

We were interested in trying this drug in 3 cases of pronounced prostatitis with cystitis. The cultures of the prostatic fluid showed Esch. coli in 1 case, Esch. coli and B. proteus in 1, and A. faecalis in 1. Ten grams of the drug was given in all cases. The pus cell count in the prostatic fluid and the urine decreased while the drug was given, and the culture (Esch. coli and B. proteus) became negative in 1 case, but one week after the drug was discontinued, there was a recurrence in all cases. This expensive drug should not be used in cases of chronic prostatitis.

PERINEPHRITIC ABSCESS

Three cases of perinephritic abscess, secondary to staghorn renal calculus, were treated five days prior to surgical treatment. The urine culture in all cases was B. proteus. There was no improvement noted in any case. In 2 cases there was infection of the wound of great degree following nephrectomy, even though the drug was continued. These cases show that the drug is of little value when a walled-off abscess is present.

INFECTED HYDRONEPHROSIS

We are familiar with the frequency of chills and fever following cystoscopy in cases of huge hydronephrosis. The hydronephrosis usually became infected. Two cases of this type are included in this series; in 1, the kidney contained 2,500 cc. and in the other, 4,600 cc. of infected urine. The infecting organism was B. pyocyaneus in both cases. Following cystoscopy, in both cases 250 mg. was given every six hours until 10 Gm. was given without results. Two stage nephrectomy was necessary in both cases. These cases emphasize the importance of proper surgical drainage.

URETERO-INTESTINAL TRANSPLANTATION

We have used streptomycin 125 mg. every three hours, and penicillin 40,000 units every three hours preoperatively and postoperatively in 3 cases of infiltrating carcinoma of the bladder in which uretero-intestinal transplantation was performed. The operations were performed prior to total cystectomy. In these cases the convalescence has been uneventful. In 1 case, the temperature was not elevated higher than 99.8 F. and in the other 2, not above 100.8 F. postoperatively. There was no evidence of peritonitis in any case, and there was little abdominal

distention. We believe that the use of streptomycin and penicillin was a factor in the prompt recovery. Streptomycin should be given prophylactically and postoperatively in these cases.

SUBTOTAL CYSTECTOMY WITH PERITONITIS

Peritonitis due to certain gram-negative organisms should be treated with streptomycin. We treated 1 case in which a carcinoma on the dome of the bladder was present and in which a subtotal cystectomy was performed; there was a considerable leak of urine into the peritoneal cavity with peritonitis. The urine culture showed B. pyocyaneus. This patient received 250 mg. every three hours until 10 Gm. was given, and he made a prompt recovery.

PERIVESICAL ABSCESS DUE TO RUPTURED BLADDER DIVERTICULUM

In 1 case there developed a large perivesical abscess secondary to a ruptured bladder diverticulum. Urine culture revealed Esch. coli. The patient was treated with 200 mg. every three hours until 7 Gm. was given without results. There was no improvement until the abscess was drained.

TOXICITY

Toxic symptoms from the streptomycin were mild and of little consequence in the 44 cases. In 3 cases mild transient vertigo was experienced. Fever due to the drug was noted in 2 cases, myalgia, arthralgia and fever in 1 case, and urticaria and shortness of breath in 1 case. All these symptoms disappeared without treatment soon after the drug was discontinued. The relatively low dosage used in the 44 cases probably was a factor in the small number of toxic manifestations.

SUMMARY AND CONCLUSIONS

A series of 44 cases of infection of the urinary tract due to certain gram-negative bacilli is reported in which streptomycin was used in treatment. In 9 cases, or 21 per cent, there was a cure; in 10 cases, or 22 per cent, there was improvement, and in 25 cases, or 57 per cent, there was no response to the drug. The rate of improvement was 43 per cent.

Streptomycin is still an expensive drug and should be used only in selected cases. It is particularly valuable and certainly indicated in cases of chronic pyelonephritis due to certain gram-negative bacilli in patients that have failed to respond to the sulfonamides or are sensitive to these drugs. The drug is not indicated in acute pyelonephritis if obstruction is present unless severe toxicity or septicemia is present. Streptomycin should be used in conjunction with surgery of the bowel when the chances of contamination by urine are great, such as in ureterointestinal anastomosis and intraperitoneal rupture of the urinary bladder.

When facilities are present, the infecting organism should be tested for streptomycin sensitivity response prior to treatment.

Streptomycin is a valuable adjunct in therapy of infections of the urinary tract, but there are specific indications for its use. We should not abuse the use of streptomycin as we have the use of penicillin, because many gram-negative organisms become streptomycin-resistant. The use of streptomycin is not an office procedure.

The drug will not cure a walled-off abscess or chronic prostatitis.

Streptomycin is effective against urinary infections due to Esch. coli, A. aerogenes, B. proteus and B. pyocyaneus.

It is not toxic when given in relatively small doses over a short period of time.

REFERENCES

1. Keefer, C. S.; Blake, F. G.; Lockwood, J. S.; Long, P. H.; Marshall, E. K., Jr., and Wood, W. B., Jr.: Streptomycin in the Treatment of Infections; A Report of One Thousand Cases, J. A. M. A. 132:4-11 (Sept. 7) 1946.
2. Kleinman, A. M.; Shearer, T. P., and Sprinz, H.: Streptomycin Therapy in Urinary Tract Infections, J. Urol. 57:599-610 (March) 1947.

416 Citizens Building.

The Scientific Department of The Journal

Reflects the Experience of You

and Your Colleagues

The Editor Invites Your Contributions

On Data of Notable Interest

Management of Perforating and Penetrating Wounds of the Abdomen

HORACE M. ANDERSON, M.D.,
W. G. HARRIS, M.D.,
AND
F. HARDY BOWEN, M.D.
JACKSONVILLE

Recent literature on abdominal wounds encountered in World War II has stimulated this report of similar injuries treated at the Duval County Hospital during the seventeen month period from July 1945 to December 1946. In contrast to the large, high velocity projectiles used during the war, knives, pistols and, rarely, shotgun blasts caused these wounds. Forty-four cases of penetrating and perforating wounds of the abdomen were treated during this period, averaging approximately one new case every twelve days. This series includes all cases in which the patient was injured seriously enough to be admitted to the hospital except those in which the patient was dead upon arrival, or expired within a few minutes after admission to the emergency room.

The variety of injuries is indicated in table 1. Of these injuries, 23 were caused by gunshot and 21 by knives. There were 41 men and 3 women; 36 were Negroes, and 8 were white persons.

TABLE 1

Specific Injuries	Number
Colon	14
Jejunum	12
Diaphragm	9
No visceral injury	8
Stomach	6
Ileum	6
Liver	6
Mesentery	5
Retroperitoneal only	3
Urinary bladder	2
Duodenum	2
Spleen	2
Kidney	1
Pancreas	1
Rectum	2
Omentum only	2
Superior mesenteric artery	1

IMMEDIATE CARE OF PATIENTS

The patients were seen initially in the emergency room immediately upon arrival. A variable time had elapsed before the patients came to the hospital, in some instances as long as six hours. All operative procedures were begun in one and one-half hours or less. Alcoholic intoxication was a frequent complicating factor. Prophylactic tetanus and gas gangrene antitoxin was given each patient after skin testing for sensitivity to horse serum.

SHOCK.—The majority of the patients had evidence of shock, for which adequate infusions of fluids, plasma and whole blood were readily available, uncross-matched type O blood being given without reaction. As much as 2,000 cc. of plasma and 4,500 cc. of whole blood were given in 1 case.

EXAMINATION.—After a general physical examination, an investigation of the wound was made to determine the probable visceral injuries. In instances of "penknife" injuries when there was thought to be no penetration of the parietal peritoneum, the wound was explored to its depth under 1 per cent procaine anesthesia in the emergency room. The typical knife wounds were inflicted with a "switch-blade," a knife with a blade about 4 inches long.

In gunshot wounds not passing completely through the body, the contents of the stomach, urinary bladder and rectum were examined for gross and microscopic blood. Wangensteen suction with the Levine tube was begun after shock therapy had been started. The abdomen was prepared for operation. Morphine and atropine were given for preoperative medication. En route to the operating room fluoroscopic and roentgen studies were made to localize the foreign body and to aid in determining its course in the abdomen.

OPERATION

ANESTHESIA.—The choice of anesthetic agents was nitrous oxide and sulfuric ether. Spinal anesthesia was contraindicated because of an unstable blood pressure incident to shock.

SKIN INCISIONS.—The incision of choice was the paramedian with longitudinal or lateral exten-

Read before the Northeast Medical District Meeting, St. Augustine, Nov. 1, 1947.

sion as indicated; operative exposure was generous.

Suture Material.—Small caliber sutures were used, including catgut, alloy wire, silk and cotton. "O" chromic catgut was the largest caliber suture employed.

General.—Following the opening of the abdomen, a careful thorough exploration was made of all viscera. When an injury to the bowel was located, it was temporarily closed by "tagging" with Babcock forceps so that further leakage would not occur while other lesions were isolated. All active bleeding was immediately controlled, and free fluid in the abdomen was removed with suction apparatus.

The following is a synopsis of treatment of specific wounds:

Stomach and Small Intestine.—All gastrointestinal wounds were closed with the suture line transverse to the long axis of the bowel. Perforations were closed with two layers of sutures; the first layer was a through and through continuous interlocking "O" chromic catgut suture; the second layer was of interrupted "O" chromic catgut Lembert sutures reinforced with occasional interrupted No. 3-0 black silk. Perforations on the posterior wall of the stomach were approached through the gastrocolic omentum. A through and through perforation of the fixed first portion of the duodenum was approached and repaired by extending the perforation of the anterior wall. Sections of the intestine too severely damaged to repair were resected and an end to end anastomosis performed.

Colon.—Exteriorization of all perforations of the colon was accomplished with the use of the loop or Mikulicz type colostomy. There was no case encountered in which the injured area could not be delivered into the incision without undue tension. After hospitalization of the patient for seven to ten days, the colostomy spurs were cut with Ochsner forceps. The colostomies were closed extraperitoneally after six to eight weeks, the patients being readmitted four to five days preoperatively for a regime of sulfasuxidine, Gm. 12 to 15 daily, residue-free diet and cleansing rectal and colostomy enemas.

Rectum.—An infraperitoneal rectal injury which had been visualized through a sigmoidoscope was managed by first making a sigmoid abdominal colostomy, followed by a perineal incision posterior to the anus at the tip of the coccyx, incising the fascia propria and bluntly dissecting into the presacral space superior to the level of the rectal injury. The presacral space was drained, with removal of the drain gradually by the fifth postoperative day; saline and peroxide irrigations and hot Sitz baths aided wound healing with minimal drainage. The perineal wound healed completely in four weeks; the colostomy was closed in eight weeks after the first admission to the hospital.

Diaphragm.—Lacerations of the diaphragm were sutured with interrupted nonabsorbable sutures.

Liver.—Most gunshot and stab wounds of the liver resulted in minimal hemorrhage. One injury required mattress sutures of catgut.

Spleen.—A single laceration of the inferior pole of the spleen was sutured with mattress sutures. It was realized that most splenic injuries required splenectomy. Another splenic injury due to stab wound required splenectomy.

Kidney.—Complicating a gunshot wound of the abdomen, a single renal injury was found in the inferior one half of the left kidney, which was shattered. The renal vein had been severed. After palpation of a normal right kidney, a transabdominal nephrectomy was performed on the left side.

Urinary Bladder.—Perforations of the urinary bladder were closed with two layers of "O" chromic catgut sutures; extraperitoneal suprapubic cystostomy was performed.

Retroperitoneal Hemorrhage.—This was not an unusual finding. If there was only a small hematoma without evidence of damage to important anatomic structures, no exploration was made retroperitoneally. Retrocolic hematomas were explored routinely for wounds involving the posterior wall of the colon by reflecting the colon medially and ballooning the questionably damaged area for leakage of gas.

WOUNDS COMPLICATING THE ABDOMINAL INJURIES

Thoracic Injuries.—Wounds of the chest were closed primarily, or packed open with vaseline gauze. In these cases the chest was observed for hemothorax and tension pneumothorax; aspiration was done, or closed drainage instituted, when indicated. No wounds of the chest became secondarily infected. There were 2 cases of cardiac wounds. In 1, there were multiple major injuries of the abdomen in addition to the injury of the heart; this patient expired in the operating

room. In the other, there was a stab wound of the heart, and there was also one of the left flank. The cardiac injury was treated conservatively by pericardial aspiration, releasing the effect of tamponade and permitting exploration of the abdomen.

NECK.—A knife wound into the retropharyngeal space accompanied by a compound fracture of the angle of the mandible was treated by simple drainage.

HEAD.—A depressed skull fracture was electively decompressed after the patient's recovery from the operative repair of knife wounds of the abdomen and chest.

POSTOPERATIVE CARE

1. Decompression of the abdomen was maintained by constant Wangensteen suction for four to five days until the patient had passed flatus for one day. Frequent irrigation of the Levine tube was necessary to assure effectual and sustained suction.

2. Patients were hyperventilated with a mixture of 30 per cent carbon dioxide and 70 per cent oxygen every hour for the first day and every two hours for the next two days.

3. Cross-matched blood, plasma, parenteral amino acids, vitamins, glucose solution and normal saline were given as indicated.

4. Morphine sulfate was used for analgesia and for decreasing the incidence of ileus.

5. Intravenous sodium sulfadiazine was administered, Gm. 5 initially, with a sufficient amount thereafter to maintain a daily blood level of 9 to 12 mg. per hundred cubic centimeters. Also, 20,000 to 50,000 units of penicillin was given intramuscularly at three hour intervals. All patients received penicillin and sulfadiazine.

MORTALITY AND MORBIDITY

MORTALITY.—The mortality was 11.3 per cent as 5 cases terminated fatally. In each case death appeared inevitable without operation.

Case 1.—Multiple thoraco-abdominal gunshot wounds injuring the right lung, diaphragm, liver, transverse colon, jejunum, ileum, sigmoid colon, urinary bladder and left iliac bone. The patient expired five minutes after completion of the operation.

Case 2.—Multiple thoraco-abdominal wounds involving the pancreas, stomach, diaphragm, pericardium and an ecchymotic area on the heart. The patient died fifty-five minutes after the operation was begun.

Case 3.—A gunshot blast with the muzzle of the gun applied against the skin overlying the ala of the right ilium caused a compound, comminuted fracture of the ilium, massive injury to the iliopsoas muscle and numerous perforations of the ileum, requiring resection of two large areas of the ileum. Death occurred eighteen hours postoperatively.

Case 4.—Gunshot wound of the abdomen extending across the abdomen with 2,000 cc. of blood in the peritoneal cavity, fourteen perforations of the small bowel, numerous perforations of the mesentery and superior mesenteric artery at the root of the mesentery, abrasion of the rectum and three perforations of the colon. Death ensued two and one-fourth hours postoperatively. The patient received 6,000 cc. of blood and plasma.

Case 5.—Gunshot wound of the abdomen across the abdomen and right antecubital fossa of the arm. The patient died two hours postoperatively with the cause not definitely determined.

MORBIDITY.—The patients remained in the hospital a total of six hundred and forty-nine days, an average of fourteen and one-half days per patient. Three patients had complications requiring a hospital stay of more than forty-five days. There were two partial wound disruptions, requiring reclosure. One patient had a gross infection of the operative incision. In most cases the patient had fever for four or five days after the operation. No patient required bronchoscopic aspiration for atelectasis.

SUMMARY

The findings in 44 cases of penetrating and perforating wounds of the abdomen are presented. The surgical management, the complications and the mortality and morbidity in this series of cases are outlined.

Typhus Fever: Report of Seven Simultaneous Cases in Ocala

Henry L. Harrell, M.D.
And
Eugene G. Peek, M.D.
Ocala

Typhus fever is not a new disease. It was a scourge in Europe in the fifteenth century. Ireland became an endemic focus in the seventeenth century and was probably the source of the introduction of the disease into the North American continent. In 1847 there was an immigration of Irish to Canada, and that was the big year for typhus there. Endemic typhus was reported in Atlanta, Ga.,[1] in 1913, but the disease has not been recognized well in Florida until within the last fifteen or twenty years. As physicians become more typhus conscious, we are recognizing more and more cases in this state.

TYPES

Epidemic or European typhus is caused by the Rickettsia prowazeki and the endemic or murine typhus (Brill's disease) by the Rickettsia mooseri. These two organisms have cross immunologic reactions. Zinsser[1] advanced the theory that Brill's disease is a form of typhus which represents the recrudescence of typhus suffered by immigrants prior to their arrival in this country. The R. mooseri may be the result of mutation of the R. prowazeki. It is known that in experimental work either rickettsia will take on different characteristics when carried through several generations by egg culture and guinea pig inoculation.

COURSE

In discussing the course of the disease we should like to compare endemic and epidemic typhus. The incubation period of both forms of the disease is estimated to vary from six to sixteen days. The first symptoms are anorexia and malaise, followed in a few hours by chills and fever, severe headache, and then in from two to six days a macular fading rash varying in intensity with the severity of the disease and particularly with the height of the fever. There are also apt to be mild bronchitis, mental depression and occasionally violent delirium. All these symptoms appear in both flea-borne and louse-borne typhus, and after seeing cases in two prison camps in Europe during the last war, we are convinced that given a patient with equal health and nutrition, there is little difference in the disease as seen here in Florida and that in Europe. At one time one of us had, on a ward of liberated European prisoners, 40 cases of typhus fever, and the high mortality was apparently due to the state of starvation of the patients.

DIAGNOSIS

The Weil-Felix reaction, which is a nonspecific test using Proteus O X 19 as the antigen, is the best diagnostic test. Castaneda[2] devised a rapid agglutination test which can be done on the spot, using a drop of whole blood and a Proteus O X 19 suspension tinted with methylene blue. We have a sample which was brought from Europe. If the result is positive, it means an agglutination of 1:100 by the test tube method, and if negative, it means no reaction up to 1:50. The test should be confirmed by the regular agglutination test. The complement fixation test has been used by Bengston,[3] and a specific agglutination test is also a diagnostic aid, but not in general use.

Sadusk[4] observed that the Weil-Felix reaction rapidly rises during the course of the disease and then falls rapidly in convalescence. The specific antibody reactions remain high. When Park and Offenkrantz[5] in 1943 tried to evaluate the efficacy of vaccination against typhus through checking the vaccinated soldiers by their reaction to the Weil-Felix test, they were disappointed at the lack of positive titer in many cases, but that does not necessarily mean the vaccination is inadequate. The experience of our troops in the last war proved that the vaccine is indeed highly efficacious. Sadusk[4] reported 5 cases of typhus occurring in vaccinated subjects. The Army outfit of one of us had extensive contact with the active disease and with lice-infested persons without contracting the disease. We give the vaccine the credit for that good fortune.

Read before the Southeast Medical District Meeting, Ft. Pierce, Oct. 30, 1947.

TREATMENT

Several reports[6] indicate that para-aminobenzoic acid is the most promising drug in the treatment of typhus fever. The usual dosage has been 2 Gm. of the drug in about 25 cc. of a solution of sodium bicarbonate, or as .5 Gm. tablets, every two hours until the fever subsides. Sometimes up to 240 Gm. has been given. Levy and Arnold[7] reported the use of this therapy in 6 cases occurring in Texas with shortening of the course of the disease. Yeomans, Snyder, Murray, Zarafonetis and Ecke[8] treated 20 cases along with 44 controls of untreated cases and noticed a definite reduction in the duration of the fever. None of the workers has reported any toxicity from the drug. They warn against forcing the drug into a semiconscious patient, who may aspirate it. A severe tracheobronchitis has resulted thereby.

Specific methods of treatment, such as immune serum, have proved rather disappointing. The complications, such as pneumonia and intercurrent infections, are best treated by penicillin or the sulfonamides, although neither drug is of benefit in the disease itself.

VECTORS AND TRANSMISSION

Endemic typhus has ordinarily been considered to be endemic in rats and to be carried from rat to rat and rat to man by the flea, Xenopsylla cheopis. Brigham[9] reported the disease endemic in field mice in Georgia and found that experimentally it can be carried by other types of mice.

The body louse carries the European or epidemic typhus. The usual method of transmission to man is believed to be by way of the feces of this insect, which enter the human body by an abrasion; however, in many cases in humans the disease seems to be contracted by the inhalation or conjunctival absorption of suspended infected feces of the louse. It has been known a long time that physicians and nurses caring for patients with epidemic typhus contract the disease in spite of very active measures to prevent infestation with lice.

We wish to report 7 cases of endemic typhus occurring simultaneously at Ocala, Fla., in all of which the disease apparently was contracted through the cat flea. Two families went together on April 2, 1947 to obtain some Persian kittens

Patient	Onset of Fever	Hospitalized	Agglutinations	Blood Picture	Discharged from Hospital	Highest Temperature	Rash Appeared
Mr. B., age 40	4-18-47	4-24-47	4-24-47 Neg. 4-26-47 Neg. 4-29 Pos. 1:360	WBC 3,500 70% Polys 30% Lymphs	5-4-47 99.4 F.	103.8 F.	4-24-47
Mrs. B., age 41	4-18-47	4-24-47	4-24-47 Neg. 4-26-47 1:40 4-30-47 1:640	WBC 9,800 70% Polys	5-4-47 98.8 F.	103 F.	4-24-47
G. B., age 14	4-18-47	4-24-47	4-24-47 Neg. 4-27-47 1:360	WBC 6,200 68% Polys	5-4-47 98.6 F.	104 F.	4-24-47
J. B., age 8	4-20-47	4-22-47	4-24-47 Neg. 4-27-47 1:80 4-30-47 1:640	WBC 7,750 68% Polys	5-4-47 99 F.	105.6 F.	4-23-47
L. C., age 2	4-26-47	4-27-47	4-28-47 1:40	WBC 11,650 38% Lymphs 54% Polys	4-29-47 101 F.	104 F.	4-27-47
E. C., age 11	5-3-47	NOT HOSPITALIZED		DURATION OF FEVER 5 to 6 Days			
Mrs. M. L. C., age 34	4-19-47	4-24-47	4-24-47 1:40 4-26-47 1:160 4-27-47 1:250	WBC 6,150 76% Polys	4-29-47 100.8 F.	104.6 F.	Unknown

from a family of Czechoslovakian immigrants near Brooksville, Fla. The accompanying table shows the time of onset of fever, rash and positive Weil-Felix reactions in four members of one family and three members of the other. The kittens they obtained were heavily infested with fleas. When the disease appeared in the families and it was diagnosed, the kittens had been defleaed, but one of us obtained fleas from the mother cat near Brooksville, and these were identified as Ctenocephalus felines by the Entomology Department of the University of Florida. The woman of the Czechoslovakian family said she had had typhus fever twice in the old country. No recent cases had been reported in the Brooksville neighborhood. It is interesting to conjecture if Zinsser's idea may not be right that patients having recurrent attacks of European typhus may act as an endemic focus for the Brill's disease of this country.

Irons and his associates[10] recovered murine typhus from naturally infected Ctenocephalides felis, the cat flea. They mentioned 5 cases of typhus in which the disease was probably acquired through the agency of such fleas.

SUMMARY

A brief review of the types, course, diagnosis, treatment, vectors and transmission of typhus fever is presented. Seven cases of endemic typhus occurring simultaneously in Ocala, Fla., in which the cat flea was apparently the vector, are reported. The circumstances were such that these cases may have bearing on the theory that a person having recurrent attacks of European typhus may become an endemic focus for Brill's disease in this country.

REFERENCES

1. Dyer, R. E.: Typhus Fever, M. Clin. North America 27:775-789 (May) 1943.
2. Castaneda, M. R.: Clinical and Experimental Aspects of Exanthematous Typhus in the Tropical Regions of America; Aids to Diagnosis, Puerto Rico J. Pub. Health & Trop. Med. 18:165-174 (Dec.) 1942.
3. Bengston, I. A.: Complement Fixation in Endemic Typhus Fever, Pub. Health Rep. 56:649-653 (March 28) 1941.
4. Sadusk, J. F., Jr.: Typhus Fever in the United States Army Following Immunization, J. A. M. A. 133:1192-1199 (April 19) 1947.
5. Park, J. H., and Offenkrantz, F. M.: Immunologic Reactions Following Typhus Vaccination in Army Personnel, J. Lab. & Clin. Med. 28:1859-1863 (Dec.) 1943.
6. Smith, P. K.: The Use of Para-Aminobenzoic Acid in Endemic (Murine) Typhus, J. A. M. A. 131:1114-1117 (Aug. 3) 1946.
7. Levy, M. D., and Arnold, W. T.: Para-Aminobenzoic Acid in the Treatment of Endemic Typhus Fever, Texas State J. Med. 42:314-316 (Sept.) 1946.
8. Yeomans, A.; Snyder, J. C.; Murray, E. S.; Zarafonetis, C. J. D., and Ecke, R. S.: The Therapeutic Effect of Para-Aminobenzoic Acid in Louse-Borne Typhus Fever, J. A. M. A. 126:349-356 (Oct. 7) 1944.
9. Brigham, G. D.: Endemic Typhus Virus in Mice, Pub. Health Rep. 53:1251-1256 (July 22) 1938.
10. Beckman, H.: Treatment in General Practice, ed. 5, Philadelphia, W. B. Saunders Company, 1945, p. 220.

ADDITIONAL REFERENCES

Boston, R. J.: Advances in Methods of Murine Typhus Control, Am. J. Pub. Health, 31:720-727 (July) 1941.
Felix, A.: The Typhus Group of Fevers; Classification, Laboratory Diagnosis, Prophylactic Inoculation, and Specific Serum Treatment, Brit. M. J. 2:597-601 (Nov. 21) 1942.
Hiscock, I. V.: Typhus Fever and Laboratory Methods for Its Recognition, Am. J. Pub. Health (supp.) 27:141-146 (March) 1937.
Megaw, J. W. D.: Louse-Borne Typhus Fever, Brit. M. J. 2:401 (Oct. 3) 1942; 2:433 (Oct. 10) 1942.
Wheeler, C. M.: Control of Typhus in Italy 1943-1944 by Use of DDT, Am. J. Pub. Health 36:119-129 (Feb.) 1946.
Woodward, T. E., and Bland, E. F.: Clinical Observations in Typhus Fever, with Special Reference to the Cardiovascular System, J. A. M. A. 126:287-293 (Sept. 30) 1944.

PROCEEDINGS OF THE ANNUAL MEETING AT ST. AUGUSTINE

ARE SCHEDULED TO APPEAR IN THE JUNE ISSUE

Medical and Surgical Treatment of Conditions Involving Sight

NATHAN S. RUBIN, M.D.
PENSACOLA

Medical and surgical treatment of conditions involving sight is concerned with the conservation of vision and with the prevention of blindness. It is, therefore, a concern not just of the ophthalmologist but also of the members of the medical profession in general. Certainly it is a subject too formidable to handle in the brief time permitted, and I have no expectation of making ophthalmologists of you in twenty minutes. Instead, I shall limit myself to a consideration of treatment of some of the common conditions which may impair vision and which come oftenest within the experience of the general practitioner. I shall emphasize those therapeutic measures that can well be undertaken by him and shall make only brief mention of surgical technics and advances that normally lie in the province of the eye physician.

Lying well protected within the rigid bony walls of the orbit, behind lids which can be quickly closed against injurious agents, with the sensitive cornea quick to warn of irritation, and washed by tears containing enzymes that inhibit the growth of many of the common disease-producing bacteria, the eye is a highly resistant organ. Though constantly exposed to dust and wind, to changes in temperature, to flashes of intense light, to bacteria and many other irritants, this organ is nevertheless able to handle unaided nearly all except the severe insults that may occur. But severe infections, damages and injuries to the eye do happen. It is the purpose of this presentation to offer proper procedure for a great many popularly accepted but improper practices.

THERAPEUTIC AGENTS

Modern therapeutics has kept pace with other scientific progress, and chemotherapy, with special reference to the sulfonamide drugs and penicillin, has been an advance as spectacular in its field as perhaps the atom bomb. For a time, it seemed that these drugs would revolutionize modern medicine, but after the first enthusiasm, it has become apparent that there are still diseases which do not respond, and, in ophthalmology at least, the usually accepted local therapy must still be carried out as well. Whenever possible, a bacteriologic study should be made when infection is present, to determine whether or not the infection is due to an organism which is susceptible to the action of these drugs. It is well to remember that the sulfonamides should not be used indiscriminately because they may give severe toxic manifestations, generalized as well as ocular, in susceptible persons. These may be anemia, renal calculi, kidney damage, dermatoses, optic neuritis and retinal hemorrhages, to name only a few. When indicated, the sulfonamides should be given early, in large enough doses, and over a period of time that should continue several days or more after apparent recovery, in order to obtain real improvement or cure. Orally, the most effective sulfonamide is sulfadiazine in average doses of 1 Gm. every four hours after an initial dose of 2 to 4 Gm. Locally, a 5 per cent sulfathiazole ointment, or 30 per cent sodium sulfacetimide (albucid) solution, is useful. In trachoma, once a major cause of blindness, the sulfonamides have permitted a considerable departure from the classic treatment with the time-honored copper sulfate stick. Expression of the trachoma follicles, with the local and general use of sulfonamide therapy, now brings about clinical cure. Other conditions favorably affected are the hyperacute and sometimes menacing conjunctivitis due to staphylocci or gonococci, cellulitis of the lids and orbit, endophthalmitis and panophthalmitis.

Whereas the sulfonamides are merely bacteriostatic, penicillin actually kills organisms and is now more generally used than the sulfonamides. Penicillin may be administered locally or generally, and in conjunction, usually, with oral administration of the sulfonamides. Such combined therapy is effective in many ocular infections and is illustrated by the treatment regime in acute purulent corneal ulcers. First, a smear

Read before the Northwest Medical District Meeting, Panama City, Oct. 27, 1947.

is made of material from the ulcer to determine the type of predominating organism. Atropine, in a 1 per cent solution or the ointment, is instilled, and hot fomentations are applied at least several times during the day. A foreign protein, usually 10 cc. of milk, is given intramuscularly. Penicillin, if indicated, is applied by ointment or drop, locally, hourly by day and every two hours by night, and the sulfonamides are given in doses up to 10 Gm. in twenty-four hours. Improvement is usually prompt, but when there is none, a paracentesis of the cornea is done to let out the usually turbid aqueous. It is important also to determine whether the tear passages are patent. An easy test is to instil a drop of aqueous mercurochrome into the conjunctival sac of the involved eye, to be followed by blowing of the nose and examination of the nasal secretions for the dye. If the lacrimal passages are impermeable, surgical attention to the lacrimal apparatus is immediately needed if healing of the ulcer is to be favorably influenced.

Penicillin, when applied locally, is especially effective in an ointment which contains not less than 1,000 Oxford units per gram, or in drops of the same strength, or by contact with the tissues by way of penicillin-wetted cotton tampons, by continuous corneal baths, or by the special technic of iontophoresis. Penicillin has also been used subconjunctivally and even injected into the vitreous with benefit when the prognosis has been poor, as in panophthalmitis or vitreous abscess. In any case, it should be continued for at least forty-eight hours after apparent clinical cure, to prevent a relapse.

Penicillin is a most effective therapeutic agent for acute superficial bacterial infections, in intra-ocular or orbital infections, bacterial in origin, and in secondary infections. Generally speaking, penicillin is effective against gram-positive organisms like staphylococcus aureus, streptococcus pyogenes, the gonococcus and the meningococcus; there is varying susceptibility of the pneumococcus. Acid substances like the popular boracic acid or adrenalin hydrochloride inhibit the action of penicillin. Acquired resistance frequently occurs; toxic reactions, though infrequent, do happen, and contact dermatitis is rather frequent.

PRIMARY GLAUCOMA

From general considerations of therapeutics, I now turn to a serious and major cause of blindness, primary glaucoma, the onset of which is frequently insidious and the recognition often difficult. Nevertheless, much tragedy can be averted by prompt recognition, and the first level of medical attention usually is at the hands of the general practitioner. When there is a history of frequent changes of glasses, especially in persons past 50, of transient or permanent changes in visual acuity, with the occasional appearance of halos around lights, of vague headache or pain in and about the eyes without the usual objective explanation, it should suggest special examinations, including tonometry and visual field measures. The acute form of primary glaucoma, with its violent pain in one eye, with nausea and vomiting that sometimes may direct attention elsewhere, with rapid loss of vision, a steamy cornea and a very shallow anterior chamber and a hard eye, is usually easy to recognize. The only remedy is operation, but the eye needs to be brought to a condition that will permit surgery without complications. This is usually accomplished by heroic treatment with the strongest miotics like physostigmine (eserine) in 1 per cent solution and analgesics, while retrobulbar injection of 1 cc. of 2 per cent procaine hydrochloride to which epinephrine hydrochloride (0.0001 Gm. per cc.) has been added, will soften the globe and allow more ideal conditions for surgical treatment, which usually is a basilar iridectomy. Therapy, both medical and surgical, is urgent and immediate if the life of the eye is to be saved.

The less dramatic chronic form of primary glaucoma is no less menacing, though the loss of vision is more gradual. Treatment is medical, with the use of less powerful miotics like pilocarpine in 1 or 2 per cent solution, and is guided by damage to function as evidenced by changes in the visual field, and not by the state of the intra-ocular pressure. Out of the wartime laboratories have come Furmethide (furfuryltrimethyl ammonium iodide) in 10 per cent solution, and D.F.P. (di-isopropyl fluorophosphate) in .05 per cent solution in peanut oil, both powerful miotics that have proved useful in glaucomatous eyes uncontrolled by the usual miotic therapy. Whether it be by miotics or through surgery, all

measures to lower intra-ocular hypertension attain that purpose by establishing or improving drainage of the aqueous humor. This may be done by restoring the normal drainage channel, by opening new intra-ocular channels, or by establishing new extra-ocular pathways for carrying off the aqueous. The results depend on diagnostic skill and understanding of the pathologic changes and of the modus operandi of the various procedures as well as on operative technic. In general, it may be said that 95 per cent of the cases of glaucoma can be controlled, provided that they are not seen too late and that a judicious plan, medical or surgical, has been followed.

CONGENITAL ANOMALIES

Congenital anomalies, lumped together for our purpose as conditions present at, or soon after, birth are, surprisingly, a major cause of blindness. We dismiss, with barely a mention, developmental defects over which there is no control. Let us consider rather, congenital anomalies like congenital cataract, congenital glaucoma and microphthalmos associated with maternal rubella, like interstitial keratitis associated with maternal syphilis, and like strabismus.

CONGENITAL CATARACT.—In 1942, Dr. N. McAlester Gregg, an Australian physician, directed attention to the occurrence of congenital cataracts in infants whose mothers had had German measles in the early months of pregnancy. Since then, many others have reported this syndrome which, besides these serious implications as regards the eyes, also causes congenital heart disease, poorly developed musculature and retarded mentality. The most frequent defect is a cataract involving the embryonic nucleus of the lens. Preventive treatment is to expose all girls to rubella, and to use convalescent serum should rubella develop early in pregnancy. In Australia, even the question of therapeutic abortion is entertained because of many serious ocular and general anomalies that occur in almost 100 per cent of cases. When the cataract is present, treatment is a through and through discission of the lens, done preferably during the first three months of life before nystagmus begins, and always before the age of 5 or 6, if any great amount of visual skill is to be expected.

INTERSTITIAL KERATITIS.—In childhood also occurs that tragic disease of the cornea called interstitial keratitis, due usually to syphilis inherited from the parents. It is tragic not only because it usually reduces the transparency of the cornea and impairs vision, but because, though preventable, it continues to be frequent. Antepartum care with antisyphilitic treatment is the answer to that and is yours to give. Chemotherapy, the usual local ophthalmic measures of atropine and heat, plus hyperpyrexia, when the condition is present, will give only moderate improvement. Later, should the opacity be not too dense or extensive, the patient may become a candidate for corneal grafting.

STRABISMUS.—We come now to a consideration of crossed eyes, or strabismus. Here, too, is tragedy in a child who becomes handicapped psychologically as well as physically, and who is often neglected until he arrives at an age when his condition is incurable. There is tragedy here because this neglect will cause the loss of good vision in one eye, the eye that deviates. This happens because, as in monocular strabismus, one eye is being used continuously, while the deviating eye suffers nonuse, and with the nonuse occurs a failure to develop skilled seeing. That skill develops maximally in the first six or seven years of life; thereafter, there is little use trying. In the alternating type of strabismus, both eyes see, but see separately. In either type, treatment is to develop or to restore useful binocular vision. It is your duty to recognize that strabismus is amenable only to early treatment. To expect or to advise that the child will outgrow this condition is to practice witch medicine. Early recognition becomes your half of the battle; the ophthalmologist will do the rest.

The treatment is glasses within six months after the onset, if possible. When there already is amblyopia in the deviating eye, vision is improved by totally occluding the nondeviating eye, or master eye, and forcing the use of the deviating eye by exercise. When vision is improved enough, orthoptic training with the stereoscope and special apparatus will teach proper use of the eyes and often consummate a functional cure. When response to this treatment is not favorable, surgery becomes indicated, and more is done in a few minutes in the operating room than can be accomplished with laborious months of training. The goal of operative treatment is to restore function; but after the age of 7 the improvement will be only cosmetic. Generally, the weakness of a muscle or associated muscles is relieved surgically by resection, advancement

or tucking of one or more muscles at their insertion, while spasm or overaction of a muscle or associated muscles is relieved surgically by tenotomy or recession of the muscle or muscles at their insertion. Proper diagnosis, the use of catgut sutures, and modern anesthesia have made these operations entirely safe and reliable.

Ophthalmia Neonatorum.—The incidence of ophthalmia neonatorum, once a predominating cause of blindness, is now markedly reduced because of modern preventive measures, plus chemotherapy and antibiotics, and deserves only a passing notice. It is interesting to record, however, that while ophthalmia neonatorum was practically synonymous with gonorrheal conjunctivitis, present advances in bacteriologic investigation reveal that the staphylococcus is the most frequent cause (35 per cent), the gonococcus is next with 25 per cent, and viruses account for 10 per cent. Prophylactic treatment is, of course, obligatory by Florida law. But when the disease is present, penicillin is the treatment of choice. After a swab is taken for smear and culture, the eye is irrigated with half normal saline, the pus is wiped away, and one drop of penicillin in a concentration of 2,500 units per cubic centimeter is instilled. These instillations are repeated every five minutes until there is no discharge; usually that happens after thirty minutes to three hours of treatment. Then penicillin is instilled at half hour intervals. In six hours the eyes usually appear normal, but the penicillin is continued hourly for twelve hours, and every two hours thereafter for twenty-four hours. As a consequence of the Crede treatment and penicillin, though ophthalmia neonatorum still exists, it is no longer a major cause of blindness.

ACCIDENTS

Toys.—During childhood and throughout adolescence, the principal cause of impaired vision is accidents from toys with points or cutting edges, from knives, scissors, arrows and firecrackers. There is not much to do about this source of injury except to educate parents and children to understand the hazards. Beyond that, the most frequent injury to which the eyes may be subjected is due to foreign bodies.

Foreign Bodies.—Because foreign bodies are a commonplace experience, they are often treated casually; but unless properly handled, they can result in serious damage to vision. Foreign bodies in the eye are irritating and uncomfortable, but menace vision only if they remain for long on the cornea, or have penetrated into the eyeball. Superficial foreign bodies present no special difficulty, but intra-ocular foreign bodies present a major ophthalmologic problem and should be suspected in every case of penetrating injury about the eye. A careful history and examination of the tools used at the time of the injury will usually determine whether the foreign body is magnetic, and roentgenograms will help make the diagnosis. Removal is not simple and requires the services of an ophthalmologist. The risk of operation under proper conditions is less than the risk of retention of the foreign body in the eye. More than one attempt at removal may be necessary before success is achieved. Removal by a magnet is desirable when it can be carried out; the ophthalmic endoscope may be used for nonmagnetic foreign bodies in the vitreous. Chemotherapy and foreign proteins control infection in the majority of cases, while preservation of some degree of vision is possible even in many unpromising eyes.

Chemical Burns.—Another common cause of serious eye injury is chemical burns of the cornea. All chemicals that enter the eye are immediately and potentially dangerous. Local contact by acids and alkalis or their salts can cause an actual alteration in the structure of the cornea and conjunctiva, and create visual loss due to clouding and opacification of the cornea or to irregular corneal astigmatism. The longer the contact, the deeper the penetration, and the more extensive the damage. The first treatment should be at the site of the accident, or as immediately thereafter as possible, and consists of copious irrigation of the eyes with water for fifteen minutes, especially in alkali-suspect burns. When the lids clamp shut as they often do from the spasm caused by the pain, the hands must be used to hold open the eyes so that effective washing may take place. Search thoroughly and remove any residual particles under the eyelids and irrigate well with a buffer solution (pH 4.5) for the progressive and usually serious alkali burn, or with a 10 per cent solution of ammonium tartrate (or lactate) for a lime burn, if these are available. Then instil a drop of fluorescein or 2 per cent aqueous mercurochrome into the eye. If the cornea stains, a chemical burn is present

and definitive care by the ophthalmologist is indicated.

When first aid is immediate and adequate, the injury in only 10 per cent of cases is severe enough to require such services. The outlook worsens as time passes. Not more than two hours should elapse between the moment of contact and the time special treatment is rendered; a delay of six hours almost always results in a permanently damaged eye and loss of vision. The special treatment consists of stripping the cornea down to Bowman's membrane, and later, if opacification was extensive, deep and disabling, a corneal transplanting operation is indicated. But when there has been no chemical burn, a bland ointment or sulfathiazole or penicillin ointment is instilled to prevent infection or adhesions.

BLOWS.—Blows to the eye are also common. Usually they are of little consequence, but too often they cause severe intra-ocular damage. It is difficult to determine in all cases how severe the blow has been, but any blow near or at the eye which knocks the person down, or which causes severe pain with swelling of the lids, makes the possibility of internal damage something to be considered. A blow upon the anterior surface of the globe pushes the aqueous backward and to the side. Since the aqueous cannot be compressed, the force is reflected back against the iris and the lens, causing them to recede or to tear at the root of the iris or through the zonular ligaments of the lens. There may be a tear of only a portion of the root of the iris, or the tear may be circumferential and complete. Or the force may be dispersed and cause a rupture of the pupillary margin of the iris including the sphincter, or a rupture of the filtration angle. Intra-ocular hemorrhage, secondary glaucoma, dislocation of the lens and concussion cataract are frequent sequels to such nonperforating injuries. The force of such a blow may also be reflected posteriorly to produce separation of the retina, tears of the choroid, detachment of the ciliary body and even evulsion of the optic nerve. The injury and destruction of tissues can liberate toxic substances which induce a nonpurulent endophthalmitis, or cause an allergic sensitivity to dispersed uveal pigment or lens protein.

Treatment is absolute rest in bed, the use of vasodilators, calcium chloride and vitamin C. A persistently separated or detached retina may be caused to reattach surgically by producing artificial lesions in the sclera (over the site of the separation or over the tear in the retina if found) by surface diathermy or perforations, using high frequency current through special electrodes, and followed by evacuation of the subretinal fluid. The prognosis in these cases or retinal detachment from trauma is surprisingly good. In the larger number of contusions to the globe in which there is no organic damage, the treatment is frequent applications of cold compresses to the region for from twenty-four to thirty-six hours, to be followed then by warm compresses to hasten the absorption of old blood and debris.

WOUNDS.—When there is a wound involving the eyelids, it may be a simple cut in the skin, or be a wound that has penetrated the globe. On prompt recognition of the situation will depend the proper care. The wound should be cleansed adequately but gently with a stream of warm water so that all debris is removed, then re-examined and small pieces of debris still present are removed with forceps. The lids are held away to determine whether the globe has been perforated or the conjunctiva torn. Most wounds of the globe, unless minute, are accompanied by prolapse of uveal tissue through the wound, and the globe is usually soft. Unless there is immediate evidence of a perforating wound, the patient may move his eye in all directions, raise his lids if possible, and vision is estimated with such test objects as are at hand. If these show that there has been a severe injury, the eye is placed at rest under a sterile dressing, and the patient is carried to the hospital for other definitive care. In perforating wounds of the eye, especially those that involve the ciliary body, there is always the possibility of sympathetic ophthalmia, for which there is no reliable treatment except prophylactic enucleation of the offending eye.

VISION IN LATER LIFE

The final consideration is the failing vision in middle and later life due to the natural physical changes of presbyopia, or to retinopathies arising from systemic disease, or to lens opacities arising from metabolic changes. The treatment of presbyopia is proper corrective lenses for near vision. The treatment of the retinopathy lies in the other general physical findings which may point to hypertension, to renal dis-

ease, to diabetes or to diseases of the nasal accessory sinuses. Treatment of the cataract is always surgical. With present day advances in local anesthesia, and with improvements in technic, the operation for the extraction of cataract has become a relatively safe procedure. The increasingly popular technic of removal of the cataract in its capsule has made it unnecessary to wait until the cataract has completely matured and the patient becomes totally disabled.

Injuries to the skull or its contents by falls or blows, or by increased intracranial pressure as from brain tumors, may also affect the visual apparatus. But treatment of such conditions lies with the neurosurgeon. There are many other conditions that involve vision and present problems of treatment. To name more would run the gamut of all ophthalmology and require a paper of textbook size. I ask your indulgence for many necessary omissions, and I thank you for listening.

SUMMARY

Medical therapy and surgical therapy of some common conditions impairing sight, which come frequently to the attention of the general practitioner, are outlined. Discussion of the newer therapeutic agents is followed by specific reference to primary glaucoma, to such congenital anomalies as congenital cataract, interstitial keratitis, strabismus and ophthalmia neonatorum, to accidents arising from toys, chemical burns, blows and wounds, and to the failing vision in middle and later life associated with presbyopia, or with retinopathies arising from systemic disease or from lens opacities arising from metabolic changes.
5 East Gregory Street.

ABSTRACTS OF MEDICAL ARTICLES

SOME UNCOMMON SURGICAL CAUSES OF RIGHT LOWER QUADRANT ABDOMINAL PAIN. By Richard Marion Fleming, M.D. South. M. J. 40:707-712 (August) 1947.

The author finds that diagnosing the cause of pain in the right lower quadrant of the abdomen often presents difficulties because of some uncommon conditions which must be considered when dealing with an acute condition of the abdomen. While the problem usually resolves itself into a differential diagnosis of acute appendicitis, careful analysis of the history and physical signs frequently brings to mind less common conditions.

Six cases are reported in which the preoperative diagnosis of the cause of signs and symptoms in the right lower quadrant of the abdomen was erroneous. In all but 1, the condition was confused with acute appendicitis or appendical abscess. In 2 of the cases carcinoma of the cecum with perforation as an initial symptom was found. That acute appendicitis may and frequently does co-exist with carcinoma of the cecum is suggested in 1 case. A method of managing solitary benign idiopathic penetrating ulcer of the cecum is suggested in 2 cases. In another case the treatment of a retroperitoneal fibromyxosacroma simulating appendical abscess is presented; following resection and postoperative roentgen therapy, the patient has remained well for more than five years.

BRONCHOGRAPHY. By J. M. Dell, Jr., M.D. South. M. J. 40:543-550 (July) 1947.

The author describes the technic of bronchography step by step and discusses its applications and contraindications. In all cases preliminary fluoroscopic studies and roentgenograms of the chest should be made. The author's policy is to obtain all of the information possible before bronchography and to plan the number and location of the lobes to be filled accordingly.

The value of bronchography in the diagnosis of bronchiectasis, pulmonary tuberculosis, tuberculous bronchiectasis, malignant disease of the lung and other conditions is reviewed and made graphic by excellent illustrations. In view of the reports of several authors emphasizing the impossibility of separating bronchiectasis from chronic tracheobronchitis in children in a high percentage of cases without bronchography and indicating that relatively few persons who have ectasia in childhood survive to the age of 40, it is concluded that bronchography is essential in children and young adults having a productive chronic cough with examination of the sputum and gastric washings giving only negative evidence. With proper precautions and selection of cases, complications are regarded as minimal.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

WILLIAM C. THOMAS, M.D., President.....*Gainesville*
JOSEPH S. STEWART, M.D., President-elect.....*Miami*
FRANK W. HEWLETT, M.D., 1st Vice Pres.....*Coral Gables*
FRANK D. GRAY, M.D., 2nd Vice Pres.....*Orlando*
BRICEY M. RHODES, M.D., 3rd Vice Pres.....*Tallahassee*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

WALTER C. PAYNE, M.D., Chm...A-50.....*Pensacola*
HERBERT L. BRYANS, M.D...S.B.H.-48.....*Pensacola*
DUNCAN T. MCEWAN, M.D...B-49.....*Orlando*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
LEIGH F. ROBINSON, M.D...D-48.....*Ft. Lauderdale*
HERBERT E. WHITE, M.D...AL-48.....*St. Augustine*
JOHN R. BOLING, M.D...PP-48.....*Tampa*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*
STEWART G. THOMPSON, D.P.H. (Advisory)..*Jacksonville*

SCIENTIFIC WORK

J. ROCHER CHAPPELL, M.D., Chm...AL-48.....*Orlando*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
FREDERICK K. HERPEL, M.D...D-50....*West Palm Beach*
DANIEL A. MCKINNON, M.D...A-49.....*Marianna*
HERBERT E. WHITE, M.D...B-48.....*St. Augustine*

LEGISLATION AND PUBLIC POLICY

HAROLD D. VAN SCHAICK, M.D., Chm...B-50.....*Miami*
THOMAS H. BATES, M.D...A-49.....*Lake City*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
S. MARION SALLEY, M.D...AL-48.....*Miami*
WILLIAM C. THOMAS, M.D. (Ex Officio).....*Gainesville*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

GEORGE M. DAWSON, M.D., Chm...AL-48.....*Palm Beach*
HOWARD G. HOLLAND, M.D...B-48.....*Leesburg*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-48...*Jacksonville*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
CAROL C. WEBB, M.D...A-48.....*Pensacola*

NECROLOGY

COURTLAND D. WHITAKER, M.D., Chm...A-48..*Marianna*
REDDIN BRITT, M.D...B-51.....*St. Augustine*
ROBERT B. HARKNESS, M.D...AL-48.....*Lake City*
THOMAS O. OTTO, M.D...D-50.....*Miami*
THOMAS W. TAYLOR, M.D ..C-49.....*Sarasota*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
GEORGE L. COOK, M.D...C-50.....*Tampa*
W. W. GEORGE, M.D...AL-48.....*West Palm Beach*
E. STERLING NICHOL, M.D...D-49.....*Miami*
JAMES H. POUND, M.D...A-48.....*Tallahassee*

CANCER CONTROL

FREDERICK K. HERPEL, M.D., Chm...AL-48.*W. Palm Bch.*
CHARLES J. COLLINS, M.D...B-49.....*Orlando*
JOSEPH HALTON, M.D...C-48.....*Sarasota*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*

MEDICAL ECONOMICS

HARRISON A. WALKER, M.D., Chm...D-50.....*Miami*
HAROLD O BROWN, M.D...C-51.....*Tampa*
HERBERT L. BRYANS, M.D...A-48.....*Pensacola*
J. MAXEY DELL, JR., M.D...AL-48.....*Gainesville*
JOSEPH H. RUTTER, M.D...B-49.....*Daytona Beach*

VENEREAL DISEASE CONTROL

E. THOMAS SELLERS, M.D., Chm...B-48.....*Jacksonville*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
JAMES L. ESTES, M.D...C-51.....*Tampa*
WILEY M. SAMS, M.D...D-50.....*Miami*
WILSON T. SOWDER, M.D...AL-48.....*Jacksonville*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
EDGAR AUSTIN, M.D...AL-48.....*Plant City*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L LANCASTER, M.D...C-51.....*Bartow*
RALPH B. SPIRES, M.D...A-48.....*DeFuniak Springs*

TUBERCULOSIS AND PUBLIC HEALTH

LOUIE LIMBAUGH, M.D., Chm...B-49.....*Jacksonville*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
FRED MATHERS, M.D...AL-48.....*Orlando*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*

STATE CONTROLLED MEDICAL INSTITUTIONS

J. MAXEY DELL, M.D., Chm...AL-48.....*Gainesville*
BENJAMIN F. BARNES, M.D...A-48.....*Chattahoochee*
LLOYD J. NETTO, M.D...D-49.....*West Palm Beach*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
S. EDGAR WATSON, M.D...C-51.....*Lakeland*

MATERNAL WELFARE

SAMUEL R. NORRIS, M.D., Chm...B-48.....*Jacksonville*
SAMUEL C. HARVARD, M.D...C-49.....*Brooksville*
ROBBINS NETTLES, M.D...AL-48.....*Ocala*
RICHARD F. STOVER, M.D...D-51.....*Miami*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*

CHILD HEALTH

LUTHER W. HOLLOWAY, M.D., Chm...B-49..*Jacksonville*
DAVID W. MARTIN, M.D...AL-48.....*West Palm Beach*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
WARREN W. QUILLIAN, M.D...D-50.....*Coral Gables*
EUGENE D. THORPE, M.D...A-48.....*Madison*

CONSERVATION OF VISION

JOSEPH W. TAYLOR, M.D., Chm...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
ORVILLE N. NELSON, M.D...AL-48.....*St. Petersburg*
WILLIAM S. NICHOLS, M.D...A-48.....*Lake City*

ADVISORY TO WOMAN'S AUXILIARY

ANNETTE M. FEASTER, M.D., Chm...C-49..*St. Petersburg*
MERRITT R. CLEMENTS, M.D...AL-48.....*Tallahassee*
LUTHER C. FISHER, M.D...A-48.....*Pensacola*
EDGAR W. STEPHENS, M.D...D-50.....*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51.....*DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

FRANK L. FORT, M.D., Chm...B-49.....*Jacksonville*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*
JULIUS C. DAVIS, M.D...A-48.....*Quincy*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
THOMAS C. KENASTON, M.D...AL-48.....*Cocoa*

COUNCILOR DISTRICTS AND COUNCIL

W. DUNCAN OWENS, M.D., Chm...AL-48....*Miami Beach*
First—WILLIAM C. ROBERTS, M.D...1-48....*Panama City*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—VERNON A. LOCKWOOD, M.D...3-48.*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—JAMES R. BOULWARE, JR., M.D...6-48...*Lakeland*
Seventh—ADRIAN M. SAMPLE, M.D...7-48.....*Ft. Pierce*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

HOMER L. PEARSON, JR., M.D., Delegate.....*Miami*
WILLIAM M. DAVIS, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1948)
LOUIS M. ORR, II, M.D., Delegate.....*Orlando*
WILLIAM Y. SAYAD, M.D., Alternate...*West Palm Beach*
(Terms expire Dec. 31, 1949)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D.....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents

John S. McEwan, M.D., Chm., 1925.....*Orlando*
John R. Boling, M.D., Sec'y., 1944, 1945..... *Tampa*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Eugene G. Peek, M.D., 1943.....*Ocala*
Shaler Richardson, M.D., 1946.....*Jacksonville*

JOURNAL SCHEDULE AND CONVENTION REPORTS

Although this issue of The Journal will be received by the members of the Association after the annual meeting is held in St. Augustine, April 12-14, the material for its pages had to go to press several weeks before the convention took place. The names of the officers elected and the appointments to committees for the ensuing year were consequently not available for publication, but it is expected that this information will appear in the May Journal.

The Journal for June will carry the convention proceedings as usual. Contributors are asked to keep the printing schedule in mind, for it is necessary that all copy be in final form to send to the printer on the first of the month preceding the month of publication.

"DOCTOR" URBUTEIT AND HIS "MAGIC SINUOTHERMIC MACHINE"

Although judges are handing out heavier fines and longer prison sentences than ever before, medical quacks and frauds continue to ply their trades. The Federal Food and Drug Administration's battle against impostors and their fraudulent medical devices goes merrily on, but the fight appears to be never ending.

The recent case of "Doctor" Fred Urbuteit, a licensed naturopath from the West Coast of Florida, and his "miraculous" sinuothermic machine has serious implications, but nevertheless supplies material for an entertaining as well as enlightening story. Commensurate with its importance in revealing a menace to the people's health, this case received relatively little publicity in Florida. Later, however, it was mentioned in an expose of medical frauds in the United States which appeared in The Saturday Evening Post.*

The sinuothermic machine, which looks like a console radio, was sold by Dr. Urbuteit for $1,500 to $3,000, depending on the model type. Dr. Urbuteit claimed that the machine could diagnose and cure about twenty-five diseases, one of which was arthritis, paradoxically enough, a disease which plagues Dr. Urbuteit and requires that he be rolled about in a wheel chair.

When the Federal Food and Drug Administration cracked down on Dr. Urbuteit, many months of preparation had preceded that effort. The trial was held in Gainesville a little more than a year ago.

Professor W. C. Osterbruck, head of the Department of Electrical Engineering of the University of Cincinnati, and Professor D. R. McMillan, Jr., head of the Department of Physics of Emory University, expert witnesses for the government, clearly described the construction of the machine and showed that it was merely a device for stepping down electricity to the point

where it could be tolerated by the human body. They thereby discredited the contention that the current was magic and that the meters could be used in the diagnosis of disease. Professor John Haldi, head of the Department of Physiology of Emory University, after confirming this testimony, showed why physiologic disturbances underlying several serious diseases could not be affected by the current.

Dr. Robert L. Bennett, head of the Department of Physical Medicine of the Warm Springs Foundation and Emory University, testified as an expert on poliomyelitis, arthritis and "paralysis" that Dr. Urbuteit's claims to have cured a totally incapacitated child victim of polio in ten days were fantastic.

Dr. Lawrence H. Kingsbury of the Florida State Tuberculosis Sanitorium testified that use of the machine in the treatment of a tuberculous person constituted a threat to the public health, and Drs. W. C. Thomas, J. M. Dell, Jr., and John E. Maines, Jr., prominent physicians of Gainesville, testified to the uselessness of the current in the diagnosis or treatment of a wide variety of diseases. Finally, one of the editors of The Journal of the Florida Medical Association, who, for statistical purposes, had made clinical tests with the machine at the Duval County Hospital, testified to its worthlessness in the treatment of two patients, one with pulmonary tuberculosis and the other with carcinoma of the leg.

When Dr. Urbuteit himself was put on the stand, he gave a long account of his life, admitted that he had not finished high school and stated that his naturopathic training was of the part time, night school variety. Some of the theories which he aired were bizarre, and several of his statements contradicted those which labeled his device.

When the first of Urbuteit's witnesses took the stand to testify, the government counsel objected on the ground that since the patient's illness could not be diagnosed by the device, her testimony was irrelevant, and also that if the diagnosis was determined by the machine, her testimony could not be admitted because the government had presented uncontested evidence that the machine could not make a diagnosis. Judge A. V. Long sustained the objection and ruled that the testimony of the witnesses for Urbuteit could have no value since none of their diseases had been diagnosed.

Urbuteit, who had brought about thirty-five patients from Tampa to Gainesville to serve as witnesses, went into a rage when the decision was handed down and was reported to be still sputtering when he was wheeled out of court and lifted into his trailer, an arthritic invalid whose personal infirmity spoke volumes for the worthlessness of his "wonderful machine."

The events of this trial, narrated in detail, show how difficult it is to prosecute an obvious fraud and how much preparation is necessary on the part of the prosecutor. The medical officer, Dr. H. J. Byrne, and the legal counsel representing the Federal Security Agency, Food and Drug Administration, Washington, D. C., are to be congratulated for their efforts.

At first one might wonder how charlatans of Dr. Urbuteit's character could manage to have any patients at all. Yet many of them have lucrative practices. The answer lies in ignorance. Some patients think that such a "doctor" has specialized training and is on a par in background and experience with Doctors of Medicine. Others are desperate people with hopeless diseases clutching at straws, while still others are neurotics, hypochondriacs and lonely persons who derive temporary benefit from any one who will give them attention. They are the type whom busy Doctors of Medicine often dismiss in favor of those who are more obviously ill. It is they who find crude but temporarily effective service in the charlatan.

If the quacks treated only the neurotic and the functionally ill, they could be considered much less of a public menace, but when they apply their weird doctrines to patients who are carriers of contagious diseases or to those who can be cured only if they seek adequate medical care promptly, they, the charlatans, become a menace to the general commonwealth as well as to the individual person.

Effectual elimination of this danger to the nation's health appears to lie in two endeavors: education of the public and production of more and better Doctors of Medicine.

* "Beware of the Medical Frauds!" by Rita Halle Kleeman, The Saturday Evening Post, Nov. 22, 1947.

BLUE CROSS-BLUE SHIELD CHIEF

The appointment of Dr. Paul Hawley as joint director of the Blue Cross and the Associated Medical Care Plans has been aptly described as an astute coup in public relations. He will serve as chief executive officer of the Blue Cross Commission, coordinating agency of ninety-one Blue Cross Plans in the United States and Canada, and the Blue Shield Commission, national coordinating body for forty-eight nonprofit medical-surgical prepayment Plans.

Acceptance of this post by the fifty-six year old retired major general who won nationwide fame for developing the medical and hospital programs of the Veterans Administration is heralded as the most noteworthy milestone of progress yet attained by organized medicine and hospitals for promotion of voluntary prepayment. His reasons for accepting the appointment was the belief that "it offers an exceptional opportunity to contribute to the improvement of medical care."

When the appointment was announced in January, Dr. Hawley said, "I have been told by so-called experts that this undertaking is too gigantic for a private, voluntary agency and that only the government is in a position to make it successful. I would have no quarrel with this point of view except that it is invariably coupled with the provision that, to make it successful, the government would have to control medical practice. Nor would I object to the government control of medicine if this would elevate the standard of medical practice in this country. But I have seen government medicine in operation in other countries and I know what government control does to medicine. I want no part of it for our people."

Dr. Hawley assumes his Blue Cross-Blue Shield duties this month. His headquarters are in Chicago.

DR. SCHEELE SUCCEEDS DR. PARRAN AS SURGEON GENERAL

In February announcement came from the White House that Dr. Leonard A. Scheele would succeed Dr. Thomas Parran as Surgeon General of the United States Public Health Service at the expiration of the latter's term on April 6, 1948. Born in Ft. Wayne, Ind., July 25, 1907, Dr. Scheele received his academic degree from the University of Michigan in 1931 and his medical degree from Wayne University, Detroit, in 1934.

He entered the Public Health Service immediately thereafter and served first as assistant quarantine officer at the Port of San Francisco, then at the Port of Honolulu. In 1936-1937 he was health officer of Queen Anne's County, Maryland. During the next two years he was a Special Fellow at the Memorial Hospital, New York, and from 1939 until 1942 he held the assignment of officer in charge of the National Cancer Control Program of the National Cancer Institute.

Chief of the field casualty section, Medical Division, Office of Civilian Defense in 1942 and 1943, Dr. Scheele was then assigned to the Army from 1943 to 1945, serving in Sicily, Italy and Germany. He was in charge of the preventive medicine section at Supreme Headquarters of the Allied Expeditionary Force in Northwest Europe and was medical representative of the medical section of the Allied Control Council in initial operations of that group in Berlin after the surrender of Germany.

Dr. Scheele is the recipient of a number of decorations. He was awarded the American Typhus Commission Medal for work in the control of typhus in Northwest Europe during 1944-1945, the Legion of Merit for his communicable disease control work in the European theater and the Order of Public Health from France.

In 1946, he returned to the National Cancer Institute of the National Institute of Health as assistant chief. In July 1947 he became assistant surgeon general of the United States Public Health Service and director of the National Cancer Institute.

No doubt somewhat partial to research, Dr. Scheele is reported to be an intense worker who has shown outstanding ability as an administrator. Mrs. Scheele is a dentist. They have three children, and their home is in suburban Bethesda, near the Institute.

WHAT PORTENDS FOR THE NATION'S HEALTH?

The changes, mentioned in foregoing editorials, which are effective this month in the administrative leadership of organizations profoundly affecting the nation's health merit thoughtful

consideration. As of April 6, Dr. Thomas Parran is demoted from the office of Surgeon General of the United States Public Health Service in favor of the assistant surgeon general for the last nine months, Dr. Leonard A. Scheele.

Dr. Parran, a commissioned officer in the Public Health Service since 1917, was appointed Surgeon General in April 1936 and reappointed in 1940 and 1944. Before becoming Surgeon General, he had served in fourteen states on public health research and administrative assignments and from 1930 to 1936 as commissioner of health for the state of New York. Under his administration of the Public Health Service the progress of cancer research and the control of tuberculosis have been greatly advanced, and the veil of public reticence about venereal diseases has been penetrated, making possible the promotion of improved methods of treating these diseases.

The flood of political speculation arising from this change charges it on the one hand to the President's desire to rid himself of another reminder of his predecessor, whose great support Dr. Parran enjoyed, to the management of the inner political circle and to the pressure of medical politics on the White House. On the other hand, the action is defended as an attempt to appease Republican senators who are of the opinion that Dr. Parran permitted his bureaucracy to advocate socialized medicine too actively.

Certainly Dr. Parran has been between two fires—that of loyalty to his chief, who has approved the Murray-Wagner-Dingell bill as did his predecessor, and that of loyalty to the great majority of the members of the medical profession, who are unalterably opposed to the regimentation of medicine. It is noteworthy in this connection that Dr. Parran, according to press reports, said in an address at the University of Miami late in February, following announcement of his demotion, that he thought some compulsory program of medical care would be needed in the future but that he did not believe compulsory prepayment for this service would be workable now.

Dr. Scheele is reported to be fully aware of the potentialities of his new position. He of course receives his appointment at the direction of the President, whose advocacy of socialized medicine is well known. Nevertheless, his military service in Europe has undoubtedly afforded him a demonstration at first hand of this evil there. Too, it is perhaps of more than passing interest as he assumes office that Oscar R. Ewing, the head of the Federal Security Agency in which the Public Health Service is located, also for a considerable time assistant chairman and later vice chairman of the Democratic National Committee, favors rotation of the office of Surgeon General.

Be the political cross currents what they may in this instance, the situation strongly suggests a foretaste of things to come, should bureaucratic medicine ever become a reality in this land of the free. It indicates that medical politics mixed with party politics and seasoned with bureaucratic politics is definitely a "mixtery" not good for the health of the nation. It forewarns that a centrally directed economy is subject to the full impact of political instabilities and inevitably proves highly unstable itself. A characteristic of all planned economies is that policy changes come as bolts from the blue.

As Dr. Scheele assumes the duties of Surgeon General this month, so also does Dr. Paul R. Hawley, ex-chief of Veterans Administration medical and hospital services, take over an important post as he assumes the executive leadership of the Blue-Cross Blue Shield. This new director espouses the voluntary prepayment system of medical care because he has witnessed government controlled medicine in action in other countries and has seen it fail. "Government doctors," he says, "tend to forget the humanities in medicine, and the doctor-patient relationship suffers."

Highly important, though incidental, will be the effect of the Hawley appointment upon the Congress. Its members know Dr. Hawley, respect his judgment, are aware of his ability in the field of medical administration and are impressed with his professional integrity and deep sincerity of purpose to bring the best in medical and hospital care to the American people. His espousal of the voluntary way should cause even the most rabid proponents of compulsory schemes among the lawmakers to take pause for thought.

PHARMACIST AND PHYSICIAN THE PHARMACEUTICAL-MEDICAL RESEARCH FOUNDATION

Time was, and not so long ago, when the doughty pioneer measured calomel with the same sturdy blade with which he cut calico. Servitor to hardy pioneering folk who foundationed America and shaped its traditions in the honest image of their own reliant lives, that merchant of an earlier day claimed no apothecary's skill. His deal cabinet yielded scanty store indeed — the homespun remedies of a plain and artless folk. For the stalwart, these simple palliatives sufficed; for those less hale and hearty, life was at an end before they could make an appreciable mark upon the pages of history or even upon their immediate world.

One is inclined to think of the pioneer as belonging to departed days. But his investigative spirit is still alight in the laboratories of today, for men of vision daily venture into an uncharted wilderness to bring forth treasures that alleviate suffering and lengthen life. The pharmacist and the physician now work together to protect this favored land from encroaching ills and disabling infections.

Witness the recently formed Pharmaceutical-Medical Research Foundation. This venture in scientific research, to be supported largely by the pharmaceutical industry, represents a joint effort of the pharmaceutical and medical professions. In purpose, conduct and service, it will be a wholly public institution. Its governing board of distinguished representatives of the pharmaceutical industry and medical profession will determine its program of scientific research, on the basis of a recommendation by an authoritative scientific advisory committee and the advice of an eminent scientific director.

The initial basic research sponsored by the foundation will be in the field of the degenerative diseases, where there is urgent need. Extensive studies relating to the chemical and physical changes that occur in tissues and to the physiology of the body—particularly concerning substances taken into the body and their ultimate fate—should contribute much to the control of many of the diseases which still baffle medical science. For example, what is the role of childhood infections, nutritional deficiencies, fatigue and mental stresses in the development of the degenerative diseases? From positive answers to such questions as this will come specific methods of diagnosis, prevention and treatment, which will bring increasing years of health and happiness for more and more persons.

Compared to the many millions of dollars spent annually in this country on research of a practical and applied character, the amount expended on basic research is infinitesimal. This cooperative endeavor of pharmacist and physician in pioneering new ways to overcome disease will be hailed by both professions as a wise expenditure of money and effort, marking an important milestone of progress—a long forward step from calico and calomel.

NATIONAL HEALTH ASSEMBLY MAY 1-4

Federal Security Administrator Ewing has announced a National Health Assembly, to be held in Washington, D. C., May 1 to 4. At this meeting the ten year health program which the President has asked the Federal Security Administrator to draw up will be outlined. Mr. Ewing expects about eight hundred delegates. Twenty-four national leaders in various fields were invited by him to serve on the Executive Committee of the Assembly. They represent public and private organizations and agencies concerned with phases of the nation's health; nineteen of them have previously been associated with propaganda in behalf of compulsory sickness insurance.[1] Dr. George F. Lull, the secretary and general manager of the American Medical Association, was the lone representative of Medicine in this group. Later, the committee was enlarged by some half dozen members, including Dr. Edward L. Bortz and Dr. R. L. Sensenich, respectively president and president-elect of the American Medical Association.

Mr. Ewing stated that while he is in accord with the President in believing there should be a national sickness insurance program, he nevertheless believes that there are many less controversial activities in the health field which his Agency could and should be promoting with public support and cooperation. Among them he mentioned medical research, medical education, stream pollution and the creation of Public Health units. He expects the delegates to the Assembly to develop working programs in these fields.

His plan is that the activity of the Assembly

be mostly in the form of panel discussions, with each panel exploring fully a specific phase of the health problems. One panel will be assigned compulsory health insurance.

The results Mr. Ewing expects from this first attempt to build a solid foundation for the President's proposed ten year health program include a survey of the health facilities and personnel of the nation and of each community, determination of the need or the health deficit, and learning how much agreement there is in certain supposedly controversial health fields.

The Journal of the American Medical Association in its March 6 issue charged editorially that thus far the National Health Assembly "bears all the stigmas—political and propagandistic—that accompanied the National Health Assembly of 1938," a congress which was overwhelmed with representatives of agencies promoting nationalized medicine in the form of compulsory sickness insurance as the one answer to the medical problem.[1] Editorial opinion expressed elsewhere[2] concludes that no great amount of light or new information will be brought out at this conference, reminds that this is election year, and predicts that the President wants another Cabinet post of Health, Education and Security, that a new national organization is being formed to strengthen the forces favoring nationalized medicine and that attempts are to be made to force Medicine into a compromising position on compulsory health insurance.

Perennially, it seems, the sinister threat of socialized medicine bobs up in one guise or another. Is this the newest approach of the wolf in sheep's clothing—simply another sounding board for a leftist medical program? So serious for the medical profession are the implications involved in such an assembly that the Board of Trustees of the American Medical Association has informed the authorities for the National Health Assembly that in their opinion the medical profession should be called into early conference on the development of the program, the publicity and the ultimate use of the material developed by the conference if full participation by the medical profession is requested.

1. A National Health Assembly, J. A. M. A. 136:694-695 (March 6) 1948.
2. Washington Letter of The United Public Health League, Feb. 14, 1948.

GRADUATE SHORT COURSE IN JUNE

Notice of the Sixteenth Annual Graduate Short Course for Doctors of Medicine appeared in the February issue of The Journal. The dates this year are June 28 to July 3, inclusive. The Committee on Medical Postgraduate Course is perfecting plans for presentation of the course, to be given as previously announced, and will publish the schedule and other final details in succeeding numbers of The Journal.

So far as it is possible to learn at this time, no conventions will be held in Jacksonville during the period in which the Short Course will be given this year. It is, however, suggested that those physicians who contemplate attending and desire to make hotel reservations do so as soon as possible. The chairman of the Committee, Dr. T. Z. Cason, will be glad to assist in securing reservations if so desired.

DATA FOR 1949 A. M. A. DIRECTORY

Physicians who have not yet mailed to the American Medical Association the Directory Information Card supplying data for their listing in the 1949 American Medical Directory are urged to do so immediately. The card addressed to you bears the serial number assigned to your data and should be used. When filling out this Card, check the list of specialties on the back and select only one specialty, indicating, in the space provided on the front of the card, either that your practice is limited to that specialty or that you give special attention to that branch of medicine along with general practice.

STATE BOARD OF HEALTH

QUANTITATIVE SEROLOGIC TESTS FOR SYPHILIS

The usual agglutination test is one quantitative serologic test with which physicians are familiar. It is generally known that in this test the serum is diluted in series. With the report of a positive finding, the highest dilution of the serum in which agglutination occurs is stated. The agglutination titer is given much weight in evaluating the clinical significance of the finding.

The quantitative serologic tests for syphilis are of a similar nature. Lower serum dilutions are indicated. Here the series begins with

undiluted serum, that is, 1:1, and in the Florida State Board of Health Laboratories includes dilutions of 1:2, 1:4, 1:8, 1:16 and 1:32. As in the agglutination tests, the highest dilution giving a positive reaction is reported.

This simple quantitative procedure has been made to seem complex by the general use of "Kahn units." When this quantitative test was introduced, qualitative serologic findings were being read as 1, 2, 3 or 4 plus. Hence, a serum having a positive reaction in undiluted serum only was given a quantitative reading of 4 units. A positive reaction in a 1:2 dilution would indicate twice as many, or 8 units. Actually "Kahn units" are determined merely by multiplying by four the highest dilution giving a positive reaction. Reporting of quantitative readings in units has no advantages, and several disadvantages. The simple method of reporting the highest serum dilution with a positive reaction is now used in the State Laboratories. A recent publication from the Venereal Disease Research Laboratory of the Public Health Service advocated strongly that all laboratories change from "units" to "dilutions."

In general, the higher the titer the greater the significance of the positive findings. The major value of quantitative tests, however, is to measure changes in reactivity. Low but increasing titers mean far more than a single low titer, for example. It is highly important that the response to rapid therapy be ascertained through a series of quantitative tests. A progressively declining titer indicates success; an early decline with subsequent rise suggests relapse. In following the changes in quantitative titers, use the same laboratory, look for a trend in three or more tests and discount small fluctuations.

A quantitative test does not differentiate between a true and a biologic false positive reaction. Usually, but not always however, the titer of a false positive is low.

Physicians submitting specimens are receiving quantitative reports on all tests giving positive results reported by the State Laboratories. The adoption of this measure as a routine procedure has added much work. About ten simple qualitative serologic tests can be done as easily as one quantitative test. The extra work will be fully justified if each physician gives the quantitative findings their warranted weight.

DADE COUNTY HEALTH DEPARTMENT PRAISED BY ADVISORY COUNCIL

The following commendatory statement was published in the January 1948 issue of the Bulletin of the Dade County Medical Association: "The members of the Public Health Advisory Committee feel that the Dade County Department of Health is one of the finest to be found anywhere in the country, due in large measure to the able directorship of Dr. Turner E. Cato. The various divisions are well staffed, and the work of the department as a whole has been outstanding since Dr. Cato was appointed director. His record is an enviable one, and it is our hope that he will remain with us for many years."

The Public Health Advisory Committee submitted this report to the Dade County Medical Association through the medical members of that committee, Dr. Bascom H. Palmer, Chairman, Dr. John W. Snyder and Dr. Homer L. Pearson, Jr.

Dr. Robert G. Head of Pass Christian, Miss., has been appointed health officer of the unit composed of Jackson and Washington County Health Departments. Dr. Head's headquarters are at Marianna.

Dr. Charles G. Chaplin, formerly of the Englewood Hospital, Chicago, has been appointed health officer of the Jefferson County Health Department with headquarters at Monticello. He succeeds Dr. Burdett L. Arms, who is retiring.

Dr. William G. C. Hill, director of the Putnam and Flagler County Health Departments, has resigned his position.

Dr. Harry W. Hollingsworth, director of the Highlands, Glades and Hendry County Health Departments, has resigned his position. Dr. Francis M. Coy of Murphy, N. C., will succeed Dr. Hollingsworth. Dr. Coy was expected to report for duty on Feb. 2, 1948.

Dr. John A. Barger, formerly of St. Louis, is now Medical Officer in Charge of the Florida Rapid Treatment Center at Melbourne. Prior to accepting the assignment at Melbourne, Dr. Barger was director of the Venereal Disease Clinic in Jacksonville.

Dr. James F. Henry, Jr., formerly of East St. Louis, Ill., who has just been released from the Navy, has accepted the position of Assistant Medical Officer in Charge of the Florida Rapid Treatment Center at Melbourne.

PUBLIC RELATIONS

Medical public relations appears to be well out in front in the matter of general policy if the latest trend in this field by big business and industry is any criterion.

It will be interesting to watch the advertisements of large corporations such as General Mills, Esso Standard Oil Company (New Jersey) and others of like caliber in the next few months. According to the February 7 issue of "Editor and Publisher" these organizations are departing from a policy of advertising based on the national aspect and will now stress the local community. Instead of one uniform advertisement for each major newspaper throughout the nation there will be separately drawn ads for the individual communities in which their branch plants or major business operations are located. The theme will be that of publicizing the local aspect by means of information concerning, and photographs of, local employees.

This new procedure is not something concocted on the spur of the moment. It has been long in the making. Many public relations experts have been advocating this idea for some time. It has been brought to the fore by a report of a study made by a joint committee of two of the leading associations of advertisers in this country. Approximately two years were spent making investigations, consulting with authorities in various fields, compiling the data and drafting recommendations.

The result is a number of fundamental suggestions which stress education of the public over a long period, counteraction of subversive propaganda, dissemination of information through all available mediums and full utilization of the local approach.

G. Edward Pendray, public relations consultant, in a talk at a meeting sponsored by the National Association of Manufacturers said, "It is especially important for a big company to work at the community level in its public relations activities." L. A. Van Bomel, president of the National Dairy Products Corporation, writing in "Editor and Publisher," has this observation, "I believe the first step in selling the man on the street on how a corporation serves the public is for the corporation's service to the man on the street to be above reproach . . . Good public relations is 90 per cent doing and 10 per cent telling of it."

If the answer to amicable public relations on the part of business and industry is to be found at the "grass roots," then the medical profession has additional assurance of the soundness of its fundamental public relations policy. The idea is probably even more applicable to medicine with its county society organization plan. No business or industry can ever hope to attain the close relationship with the public which exists between doctor and patient.

STATE NEWS ITEMS

Dr. Herbert L. Bryans of Pensacola was re-elected president of the Florida State Board of Health at its annual meeting on February 10. Mr. William Parr of Tampa was named vice president. Other members of the Board are Dr. Robert B. McIver of Jacksonville, Dr. Mark F. Boyd of Tallahassee and Dr. J. Ernest Edwards of Miami. Dr. Wilson T. Sowder, State Health Officer, is Executive Secretary.

Dr. Earl H. Roberts of Jacksonville Beach spoke on heart disease at the weekly meeting of the Beaches' Rotary Club which coincided with National Heart Week, February 8 to 14.

Dr. Allen S. Shepard recently has opened his offices in Key West. His last duty as a medical officer of the United States Navy was aboard a ship attached to the naval base at Key West.

Dr. Frank G. Slaughter of Jacksonville was a guest speaker of the Jacksonville Open Forum on February 29. Dr. Slaughter discussed "Shall Medicine Be Socialized?"

More than three hundred former patients of the Florida State Tuberculosis Sanitorium at Orlando returned to participate in the tenth anniversary celebration of that institution on Feb. 1, 1948. Dr. R. D. Thompson, the superintendent and medical director, greeted returning patients and other honored guests, and W. T. Edwards of Jacksonville, the chairman of the Florida State Tuberculosis Board, presided at a special homecoming day program.

Dr. Sidney Davidson has opened offices in the Boydston Building in Lake Worth. He was formerly associated with Dr. Nathaniel M. Weems in Boynton.

Dr. Joshua L. Edwards of Lake City is now resident at Touro Infirmary in New Orleans, La. He plans to be in residency for the next year.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. William H. Chapman, Jacksonville, announce the birth of a son.

Dr. and Mrs. Sidney Stillman, Jacksonville, announce the birth of a son.

DEATHS—MEMBERS

Dr. George A. Davis, DeLand ..... Feb. 20, 1948
Dr. Thomas D. Vassar, Lakeland ..... Feb. 12, 1948

COMPONENT SOCIETY NOTES

BAY

At the February meeting of the Bay County Medical Society, Dr. Nell L. Reaves of Mobile, Ala., spoke against "Socialized Medicine," explaining how it is executed in countries where the plan is in existence and the proposed legislation pending in the United States.

BREVARD

Major General Norman T. Kirk, former Surgeon General of the United States Army, reported briefly the accomplishments of the medical profession during the recent war when he spoke before members of the Brevard County Medical Society in February. Other guests of the society were Dr. Budd Clarke Corbus of Chicago, Dr. Henry Kaminski of Pikeville, Ky., Dr. Robt. Wm. Vance of Grand Forks, N.D., and Dr. Eugene L. Jewett of Orlando. Several dentists and inactive physicians in the county also attended the meeting.

DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES

Dr. Lee T. Rector of Tampa spoke before members of the DeSoto-Hardee-Highlands-Charlotte-Glades County Medical Society on February 10. His subject was "Lesions of the Cervix with Special Reference to Diagnosis of Early Cancer and Its Prevention."

DUVAL

The Duval County Medical Society met jointly with the Jacksonville Dental Society in January. Thomas J. Cook, D.D.S., of Miami, as the guest speaker, discussed "The Oral Manifestations of Systemic Diseases." He used projection slides and motion pictures to illustrate the various disease entities.

ESCAMBIA

At the February meeting of the Escambia County Medical Society Dr. W. S. Randall, pathologist of the Alton-Ochsner Hospital in New Orleans, presented an illustrated lecture on pathological cases.

HILLSBOROUGH

Dr. Ernest Sachs, Emeritus Professor of Neuro-Surgery at Washington University in St. Louis, spoke on "The Development of Neuro-Surgery" at the February meeting of the Hillsborough County Medical Society. Dr. Merrill C. Sosman, Professor of Roentgenology at Harvard University presented a paper entitled, "Pitfalls in Roentgen Diagnosis."

MARION

In cooperation with the Florida Academy of Public Medicine, members of the Marion County Medical Society are to initiate a public relations program. Dr. Carl S. Lytle of Ocala is to give the first in a series of radio talks over the local station WTMC. He will speak in conjunction with the director of the Marion County Health Department. Medical news of interest is to be incorporated with Dr. Paul H. Jenkins' monthly activities report released to the local press. Dr. Richard C. Cumming is the newly-elected public relations officer.

Mr. Fletcher Little, superintendent of the Monroe Memorial Hospital in Ocala spoke briefly on the new Blue Cross Hospital Plan Coverage for doctors and family.

Among out-of-town guests present were Dr. Carroll T. Bowen of Bronson, Dr. Edwin C. Hanson of Belleview and Dr. Herbert M. Webb, Jr., of Wildwood.

PASCO-HERNANDO-CITRUS

The annual ladies night entertainment for the Pasco-Hernando-Citrus County Medical Society was held on February 12 at the Magnolia Lodge in Crystal River. A seafood dinner was served to members and guests. A short business meeting also was held.

POLK

At the January meeting of the Polk County Medical Society, Dr. James G. Lyerly of Jacksonville spoke on "Displaced Intervertebral Discs in the Lumbar Region."

PUTNAM

The following eulogistic tribute has been made to the late Dr. Allen P. Gurganious, president of the Putnam County Medical Society, by his colleagues.

IN MEMORIAM

Dr. Gurganious was a man of true culture and refinement, having a charming manner and a penetrating insight into human nature. He was gracious in like manner to persons in all stations of life. One could feel a lift and a brightness when he came in the sick room. His professional ability, measured by scientific standards, was high and deserving of great appreciation and tribute. But his professional ability in the field of physician-patient relationship, the field of intangibles, which yields to no objective measurements of quality or quantity, was so great as to leave us humble before it; humble, with that humility which dignifies the one whom it fills with reverence for the Greater Love which some men have for their fellow man.

Much has been written about the general practitioner and his qualities. Here was one who combined all the fine qualities of the old time family doctor with the brilliance of a university professor of medicine. Never compromising ideals or ethics, never unmindful or negligent of the personal factor, he was objectively able in matters of physical judgment, subjectively sympathetic in matters of emotional adjustment. To those who are or would be general practitioners he was indeed a pattern for emulation. His colleagues and the entire community feel crushed by the cruel eclipse by death of this beloved physician, and know that no other can fill his place. It can be truly said that he attained the highest life, for of such a one it was written: "He the highest life attaineth who loveth and is loved."

Very respectfully,

J. Worth Brantley, M.D.
Grover C. Collins, M.D.
James W. Davidson, M.D.
Edward W. Ford, M.D.
Bernard E. Kane, M.D.
Claude M. Knight, M.D.
George M. Zeagler, M.D.

The society held its February meeting at the Country Golf Club. Those present included Drs. Grover C. Collins and George M. Zeagler of Palatka; Drs. Bernard E. Kane, Edward W. Ford and James W. Davidson of Crescent City; Dr. James W. Brantley of Grandin.

SARASOTA-MANATEE

Dr. Henry G. Morton of Sarasota discussed "Congenital Malformations of the Newborn" at the February meeting of the Sarasota-Manatee County Medical Societies. Dr. Stanley T. Martin of Sarasota led the discussion.

SEMINOLE

All the members of the Seminole County Medical Society have paid their State Association dues for 1948. Congratulations!

WASHINGTON-HOLMES

Dues have been received from 100 per cent of the membership of Washington-Holmes County Medical Society. This cooperation is appreciated.

ALLEN P. GURGANIOUS

Dr. Allen P. Gurganious of Palatka was instantly killed in an automobile accident near Elkton on Jan. 28, 1948, while en route to Palatka from St. Augustine. He was 41 years of age.

Dr. Gurganious was born on Oct. 19, 1906 in Pender County, North Carolina. He was the youngest of the twelve children of Mr. and Mrs. K. D. Gurganious of Willard, N. C. Following the early death of his mother, he was reared in Brooksville by his brother and sister-in-law, Mr.

"...pressure of the gravid uterus mechanically interferes..."

in pregnancy

"Constipation is the rule. The pressure of the gravid uterus mechanically interferes with the function of the small intestine and colon per se and also renders the act of defecation less efficient by its effect on the diaphragm, abdominal muscles and levator ani."

—Bockus, H. L.: Gastro-Enterology, Philadelphia, W. B. Saunders Company, 1946, vol. 3, p. 999.

"Smoothage" for Management of Constipation in Pregnancy

Management of bowel evacuation without the use of irritant laxatives is accomplished with the gentle, nonirritating action of Metamucil—"smoothage."

By providing soft, plastic, water-retaining bulk, Metamucil promotes normal, easy peristaltic movement—the desired action in pregnancy.

Metamucil is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent.

ACCEPTED Council on Pharmacy and Chemistry American Medical Association

METAMUCIL

IS THE REGISTERED TRADEMARK OF G. D. SEARLE & CO., CHICAGO 80, ILLINOIS

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

and Mrs. D. W. Gurganious, now of Moultrie, Ga.

He completed his secondary education in Brooksville and his premedical training at the University of Florida. In 1931 he was graduated from the St. Louis University School of Medicine. Following a year's internship at City Hospital in St. Louis, he served as resident surgeon at Riverside Hospital in Jacksonville for a year.

Locating in Green Cove Springs, Dr. Gurganious practiced there until the spring of 1936. At that time he moved to Palatka, where he practiced medicine and surgery until he met his untimely death, except for a period of military service. In June 1942 he entered the medical corps of the United States Army Air Forces. When his service terminated in March 1946, he was a captain.

This popular physician was prominent in church, social and financial circles in Palatka. He was a steward of the St. James Methodist Church, a director of the Palatka Atlantic National Bank and of the Palatka Federal Building Association, and a member of the Elks and of the Bert Hodge Post No. 45 of the American Legion. He enjoyed a wide circle of friends in all walks of life throughout Putnam and St. Johns counties.

At the time of his death Dr. Gurganious was the president of the Putnam County Medical Society and was a past secretary of this organization. He was a member of the Florida Medical Association and a fellow of the American Medical Association.

In June 1939 Dr. Gurganious was married to Mrs. Elizabeth Clark Hoster of New York City, who survives him. Other survivors include a stepdaughter, Miss Jacquelin Hoster; five brothers, D. W. Gurganious of Moultrie, Ga., E. W. and M. H. Gurganious of Jacksonville, Leon Gurganious of St. Petersburg, Mack Gurganious of Wallace, N. C.; and six sisters, Mrs. Era Malpass of Wallace, N. C., Mrs. Neal Duff, Mrs. Calvin Davis and Mrs. Daisy Chennis of St. Petersburg, Mrs. Myrtle Wilson of Vandergrift, Pa., and Mrs. Edwin Wooten of New Orleans.

CHARLES FREDERIC ROCHE

Dr. C. Frederic Roche of Miami and a pioneer physician of Miami Beach died suddenly of a heart attack on Jan. 18, 1948 at the home of a patient in Fort Lauderdale. He was 59 years of age.

Dr. Roche was born in Bay City, Mich., in 1888. He received his early education there and then attended the University of Michigan, where he was graduated with the degree of Bachelor of Science and later, in 1919, with the degree of Doctor of Medicine.

Coming to Florida in 1922, Dr. Roche located in Miami Beach and was the first physician to open an office in one of the few scattered buildings comprising the famous resort at that time. He became a close friend of the late Carl G. Fisher, Miami Beach developer, served as house physician for the Fisher hotels and through the years was prominently identified with the development of the city. When James A. Allison built the Allison Hospital in 1925, Dr. Roche was selected to head the Department of Medicine. When this hospital became St. Francis Hospital, he remained as chief of the Medical Staff, a position which he retained until his death.

Dr. Roche's interest in heart diseases began early in his career, and he soon became a recognized authority on cardiology. He worked with Dr. Paul White in Boston and at the Massachusetts General Hospital. He later became interested in rheumatic heart disease and wrote several monographs on the subject; through a reciprocal arrangement, original investigations were carried on between Boston and Miami Beach in an attempt to trace the course of rheumatic heart disease in children and the influences of climate upon them.

This distinguished physician was a past president of the Dade County Medical Association, a member of the Legislation and Public Policy Committee of the Florida Medical Association, and a fellow of the American Medical Association. He was also a fellow of the American College of Physicians and a diplomat of the American Board of Internal Medicine. In addition, he was a co-organizer of the Heart Association of Miami, and he held membership in Alpha Omega Alpha, honorary medical fraternity. Locally, he was a Rotarian and a member of the Surf Club.

Survivors include his widow, Mrs. Mary E. Roche; two sons, Charles F. Roche, Jr., of Miami Beach, and Thomas W. Roche of Ann Arbor, Mich.; and a daughter, Mrs. Richard R. Roemer of Lynbrook, L. I.

WOMAN'S AUXILIARY
TO THE
FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

Mrs. L. M. Jenkins, President.....*Miami*
Mrs. L. E. Parmley, President-elect.....*Winter Haven*
Mrs. C. F. Henley, Vice Pres.....*Jacksonville*
Mrs. C. D. Rollins, Secy.-Treas.....*Jacksonville*
Mrs. W. L. Tillis, Corresponding Secy.....*Lakeland*
Mrs. P. J. Manson, Historian.....*Miami*
Mrs. R. G. Lewis, Parliamentarian.....*West Palm Beach*

COMMITTEE CHAIRMEN

Mrs. C. R. DeArmas, Legislation.....*Daytona Beach*
Mrs. C. H. Murphy, Postwar Planning.....*Bartow*
Mrs. C. F. Henley, Organization.....*Jacksonville*
Mrs. E. F. Shaver, Editorial.....*Tampa*
Mrs. C. M. Peek, Publicity.....*West Palm Beach*
Mrs. J. L. Anderson, Public Relations.....*Miami*
Mrs. W. C. Williams, Jr., Finance...*West Palm Beach*
Mrs. R. A. Wilson, Archives.....*Sarasota*
Mrs. L. E. Parmley, Program.....*Winter Haven*
Mrs. F. J. Pyle, Hygeia.....*Orlando*
Mrs. F. W. Krueger, Revisions.....*Jacksonville*
Mrs. K. E. Montgomery, Gen. Chm. Districts..*W. P. Bch.*

BISCAYNE HOSPITAL
6339 Biscayne Blvd.
MIAMI 38, FLORIDA

Members of the Dade County Medical Association are acquainted with the high type of service rendered.

Frances Spieler, Superintendent
David Collins, Business Manager

Registered, American Medical Association

Phone 7-4544

Medical Advertisement



From where I sit
by Joe Marsh

Will's Proud of His Big Ears

Will Dudley's mighty proud of his big ears! Best crop of corn he's grown since '38. And Will, like so many other farmers, has plenty of reason to be proud of what he raises.

The farmer has always been a keystone in our economic life, and the key to our national well-being. But from where I sit, he's more important now than ever. He's not only feeding America—but friends of America overseas—building good will for this country at a time when friendship for democracy is most important.

And farmers have willingly shouldered that responsibility. Will spends extra hours in his cornfield... comes home tired to a temperate glass of beer and early bed, to be ready for the next day's work.

From where I sit, America can be mighty grateful for her five million farmers...for their productivity, hard work, temperate living—of which Will's moderate glass of beer is proof!

Joe Marsh

Copyright, 1948, United States Brewers Foundation

Byron Thompson

Now Distributor For



PHILIPS X-RAY APPARATUS

in Florida

Byron Thompson & Company, Inc. of Jacksonville, announce their recent appointment as distributor for the X-Ray apparatus manufactured by the North American Philips Company, Inc. of New York.

The territory in which the Thompson organization will distribute Philips products will include the entire State of Florida.

Philips equipment for hospitals and physicians is well known, and includes such items as:

X-Ray Diagnostic Apparatus
Mass Chest Survey Apparatus for TB detection
Contact-Cavity Equipment for cancer therapy
Pedestal Bucky
X-Ray Accessories and Supplies

X-RAY DIVISION OF

Byron Thompson & Company

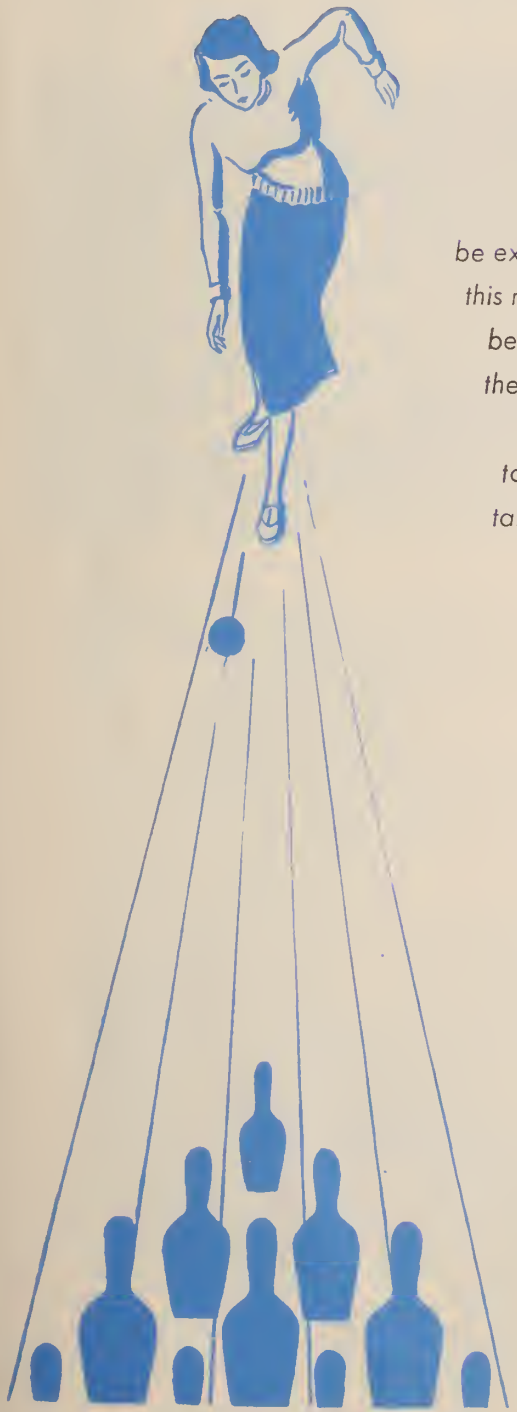
INCORPORATED

ELECTRONIC and X-RAY
EQUIPMENT and SUPPLIES

Norelco

JACKSONVILLE • MIAMI • ORLANDO

middle age + buoyant activity



The physical and emotional distress caused by hot flushes, nervous spells and other symptoms may completely alter the personality and life pattern of the woman at the climacteric. Clinical experience has shown that, in the majority of cases, prompt remission of disturbing symptoms can be expected following the use of **"Premarin."** *In addition, this natural oral estrogen usually imparts "a sense of well-being"... the plus in* **"Premarin"** *therapy which enables the patient to resume an active and enjoyable existence. Three potencies of* **"Premarin"** *permit the physician to adapt therapy to the particular needs of the patient: tablets of 2.5 mg., 1.25 mg., and 0.625 mg., also liquid containing 0.625 mg. in each 4 cc. (1 teaspoonful). While sodium estrone sulfate is the principal estrogen in* **"Premarin,"** *other equine estrogens ...estradiol, equilin, equilenin, hippulin... are probably also present in varying amounts as water soluble conjugates.*

CONJUGATED ESTROGENS (equine)

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY

"PREMARIN"®

Ayerst

Ayerst, McKenna & Harrison Limited

22 East 40th St., New York 16, N. Y.

THE

CLINICIAN'S CHOICE



ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

A report† covering a comprehensive study reveals that the diaphragm-jelly technique is the overwhelming choice of clinicians versed in conception control.

In keeping with this authoritative opinion, we suggest the specification of the "RAMSES"* Prescription Packet No. 501 when you desire to provide the patient with the optimum in protection.

The quality of "RAMSES" Gynecological Products is the finest obtainable. They are available through all recognized pharmacies.

Active Ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division

JULIUS SCHMID, Inc.

423 West 55th Street, New York 19, N.Y.

quality first since 1883

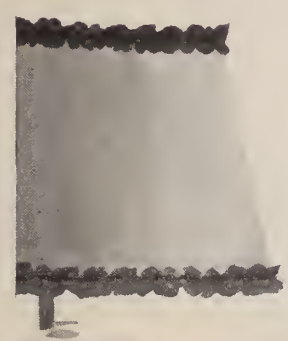
REG. U.S. PAT. OFF.
Ramses
DEPENDABILITY

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

†Human Fertility 10: 25 (Mar.) 1945.

Educating people to

"See Your Doctor"



More than 23 million people read the magazines that carry the Parke-Davis series of "See Your Doctor" messages.

In the interest of the medical profession, Parke, Davis and Company has continued this educational campaign for over 19 years.

To date, 210 full-page messages have been published in leading national magazines.

PARKE, DAVIS & CO.

DETROIT 32, MICHIGAN

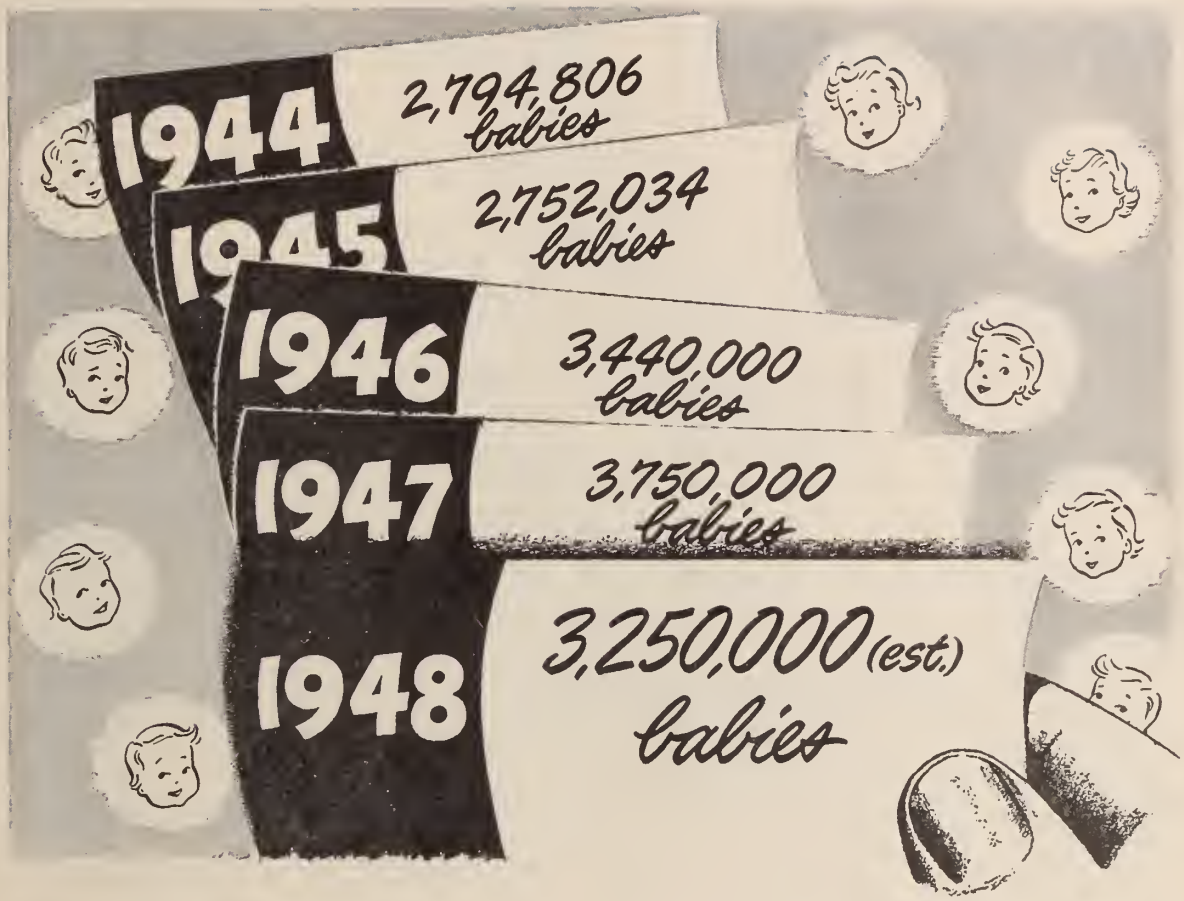


Pure..
Wholesome..
Refreshing



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

The pause that refreshes



Borden's prescription specialties are flexibly adaptable to cope effectively with the sharply increased number of your infant feeding problems.

BIOLAC—a complete infant formula (only vitamin C supplementation needed) for infants deprived of mother's milk.

DRYCO—a powdered, high-protein, low-fat, moderate carbohydrate milk food ideally suited for all formulas.

BETA-LACTOSE—an exceptionally palatable, highly soluble milk sugar for formula modification.

MULL-SOY—a hypo-allergenic emulsified soy food for infants and adults allergic to milk proteins. The 1:1 standard dilution approximates cow's milk in fat, protein, carbohydrate and mineral content.

KLIM—a spray-dried whole milk with soft curd properties essential in infant feeding and special diets. Particularly valuable when availability or safety of fresh milk is uncertain.

BORDEN'S 1857 ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION SINCE 1857 THE GREATEST NAME IN MILK

Borden prescription products are available at all drug stores. Complete professional information may be obtained on request.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION · 350 MADISON AVENUE, NEW YORK 17, N. Y.

PROFESSIONAL MEN'S PROGRAM

A PLAN OF

INCOME PROTECTION WITH LIFETIME BENEFITS

Available to Eligible Members of the

★MEDICAL ★DENTAL ★LEGAL PROFESSIONS

Summary of Combined Benefits Provided in Policy Form UG 20N of United Benefit and PG 20N of Mutual Benefit

Monthly Benefit	Double Monthly Benefits for Specified Travel Accidents	Accidental Death Benefit	Double Accidental Death Benefit for Specified Travel Accidents
$400.00	$800.00	$10,000.00	$20,000.00

SPECIFIC ACCIDENT BENEFITS	Regular Indemnity	Specified Travel Accidental Death Benefit
Accidental Death	$10,000.00	$20,000.00
Loss of Both Hands	10,000.00	20,000.00
Loss of Both Feet	10,000.00	20,000.00
Loss of Both Eyes	10,000.00	20,000.00
Loss of One Hand and One Foot	10,000.00	20,000.00
Loss of Either Hand, Foot or Eye	3,000.00	6,000.00
Physician's and Surgeon's Fees, for nondisabling injuries	50.00	50.00

Accidental Benefits: MONTHLY DISABILITY BENEFITS		
Total Disability, per month, to age 60	$400.00	$800.00
Total Disability, per month, after age 60	200.00	400.00
Partial Disability, per month	160.00	320.00

Nonconfining Illness incurred prior to age 60:
Benefits payable up to age 61, per month $200.00
★Thereafter—even for a LIFETIME—per month 100.00

Nonconfining Illness incurred after age 60:
Benefits payable up to twelve months, per mo. 200.00
★Thereafter—even for a LIFETIME—per month 100.00

Confining Illness incurred prior to age 60:
Benefits up to age 60, per month 400.00
Thereafter—even for a LIFETIME—per month 200.00

Confining Illness incurred after age 60:
Benefits payable—even for a LIFETIME—per month $200.00

ADDITIONAL BENEFITS

Hospital Benefits (either illness or accident), per month $200.00
Nurse's Benefits (if hospital confinement not required), per month 200.00

FEATURES OF THIS PLAN

- Covers all accidents except certain air travel accidents.
- Covers all ilness except venereal disease and insanity.
- Benefits payable for any injury incurred while flying as a fare-paying passenger in a scheduled aircraft.
- Waiver of Premium Provision.
- No reduction in benefits because of occupational change of duties.
- Nonaggregate—full limit of benefits paid for each disability.
- Double Limb Loss Benefits may be paid in one lump sum or in monthly installments for life provided total disability is incurred.
- Partial disability, Hospital and Nurse's benefits payable up to three months.
- No Automatic Termination Age.
- Pays disability benefits regardless of whether disability is immediate.
- Pays disability resulting from accidental bodily injury (the means or the act causing the injury is not a determining factor in the claim.)
- The Companies offer eligible members of your profession policies which guarantee your right to renew except for these reasons only: Nonpayment of premiums: if the insured leaves the practice of the profession: or, if renewals are declined on all like policies issued to members of your profession in your state. This means that the Companies cannot decline to renew any individual policy without similarly declining to renew all like policies issued to members of your profession in your state.

Address: Professional Department
Fifth Floor—Pan American Bank Bldg.
Miami, Florida

Please send complete information relative to program as offered in the Florida Medical Journal.

NAME .....

Address .....

Age .....

MUTUAL BENEFIT HEALTH AND ACCIDENT ASSOCIATION
OMAHA

UNITED BENEFIT LIFE INSURANCE COMPANY
OMAHA

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

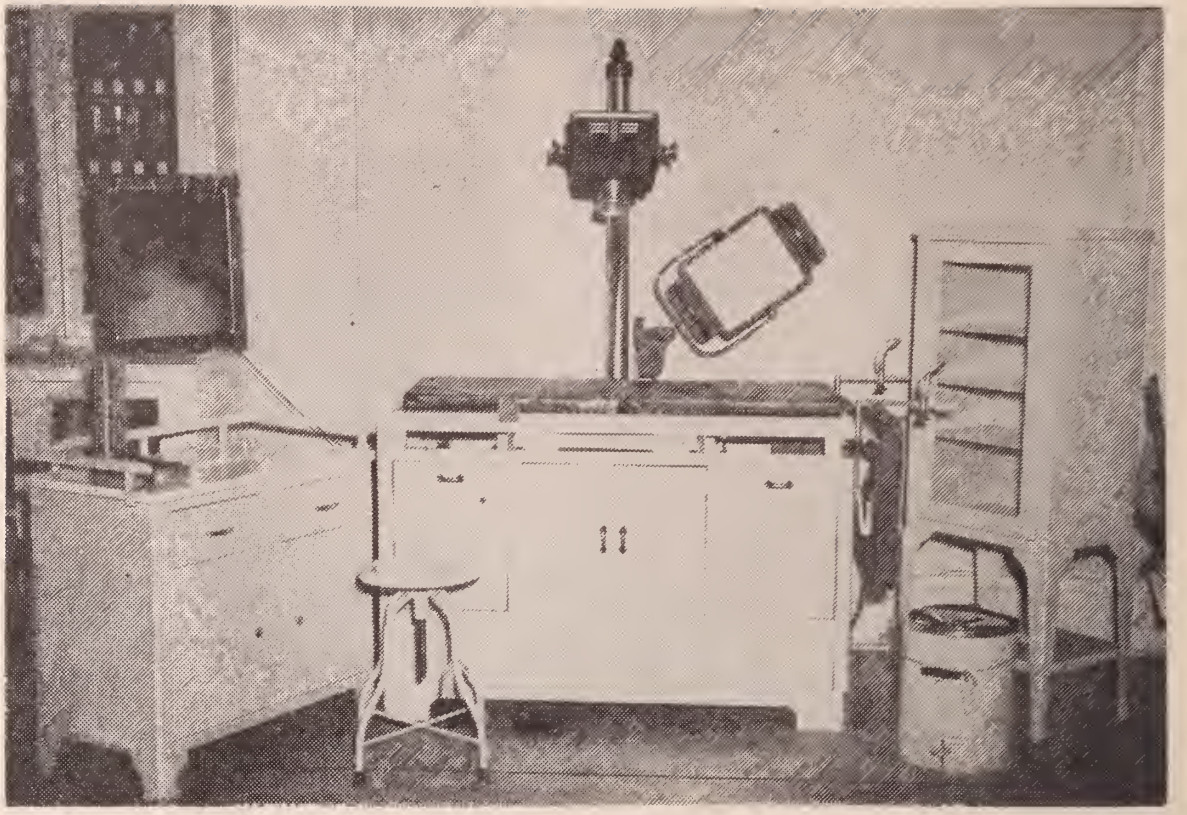
. . . In a Setting of Inviting Friendliness and Simple Grace.

. . . Reservations Necessary, Elevation 1,200 Feet

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.
Willis T. McCurdy, M.D., Attending Physician
J. Rufus Evans, M.D., Attending Physician
Elizabeth Hancock, Psycho-Therapist
Eighty-five Consulting Physicians

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

We do not treat acute alcoholic intoxication or narcotic addiction



This beautiful group, all done in matched ivory, is available for immediate shipment and is priced as follows:

Model TC2 Profexray Table Combination	$1,095.00
Cassette and Grid Tray	50.00
Sponge Rubber Pad	25.00
Stirrups	25.00
S-1615 Cabinet	70.00
S-1825 Receptacle	11.00
S-1720 Stool	12.75
S-1641 Treatment Cabinet	78.00

MEMBER
HOSPITAL·INDUSTRIES·ASSOCIATION HIA

MEMBER
AMERICAN SURGICAL TRADE ASSOCIATION A.S.T.A. Quality and Service



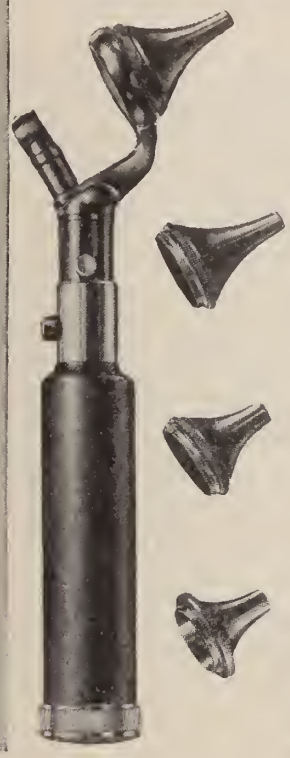
Anderson Surgical Supply Co.

Telephone 5-2560
40-42 W. DUVAL STREET
P. O. Box 1799
JACKSONVILLE 1, FLORIDA

Telephone M 8504
1101-1105 TAMPA STREET
P. O. Box 1228
TAMPA 1, FLORIDA

Telephone 7-4589
21 3rd STREET N.
ST. PETERSBURG, FLORIDA

Advantages of the PRISM OTOSCOPE



Direct Vision: Unique design employs totally-reflecting prism set below the observation head, eliminates back reflections.

Ample Illumination: Rheostat control governs intensity of illumination, saves batteries.

Direct Observation: Magnifying lens enables observation along beam of illumination.

Comfort in Use: Working angle of instrument head provides unobstructed path for manipulation of operating instruments.

Attachment: Pneumatic attachment for aspirating and massaging available at slight extra cost.

Changeable Handles: Handles for medium or large size flashlight cells, city current, are available.

Specula Sizes: Supplied with 3, 4, 5 and 8 mm. specula. Easily attached. May be boiled for sterilization. Dull finish avoids reflections.

Your nearest AO Branch will be glad to demonstrate the Prism Otoscope, at your convenience.

American Optical COMPANY

The Brown Schools

INC.

FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable Convenient
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

J. K. ATTWOOD, Pharmacist

Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLOGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767



HOYE'S SANITARIUM

"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.
Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.
Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.
Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the
American Psychiatric Association

MIAMI RETREAT SANATORIUM

FOUNDED 1927
For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites
79TH STREET AT MIAMI AVENUE
MIAMI 38, FLORIDA
Phone 7-1824

THE TUCKER HOSPITAL, *Incorporated*

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

85c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS — **$15,000,000.00** PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

46 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing



BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Intensive Course in Surgical Technique, Two Weeks, starting April 12, May 10, June 7.
Surgical Technique, Surgical Anatomy & Clinical Surgery, Four Weeks, starting April 26, May 24, June 21.
Surgical Anatomy & Clinical Surgery, Two Weeks, starting April 12, May 10, June 7.
Surgery of Colon & Rectum, One Week, starting April 26, May 24.
Surgical Pathology every two weeks.
UROLOGY—Intensive Course, Two Weeks, starting April 12.
FRACTURES & TRAUMATIC SURGERY—Intensive Course, Two Weeks, starting June 7.
OPHTHALMOLOGY—Intensive Course, Two Weeks, starting May 10.
Ocular Fundus Diseases, One Week, starting June 7.
GYNECOLOGY—Intensive Course, Two Weeks, starting April 26, June 7.
Vaginal Approach to Pelvic Surgery, One Week, starting April 19, June 21.
OBSTETRICS—Intensive Course, Two Weeks, starting April 12, June 21.
MEDICINE—Intensive Course, Two Weeks, starting April 26.
Personal Course in Gastroscopy, Two Weeks, starting June 28, July 12. Electrocardiography & Heart Disease, Four Weeks, starting May 3. Hematology, One Week, starting May 10. Gastroenterology, Two Weeks, starting May 24.
DERMATOLOGY—Formal Course, Two Weeks, starting April 26. Clinical Course every two weeks.
ROENTGENOLOGY—Every Two Weeks.
GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES
Teaching Faculty
Attending Staff of Cook County Hospital
Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.



COSMETIC *HAY FEVER?*

Prescribe UNSCENTED AR-EX Cosmetics

Recent clinical tests showed many cases of cosmetic sensitivity, but not a single one to UNSCENTED AR-EX Cosmetics. For allergic patients, prescribe UNSCENTED AR-EX Cosmetics—free from all known irritants and allergens. SEND FOR FREE FORMULARY.



AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

FREE FORMULARY

DR._____
ADDRESS_____
CITY_____
STATE_____



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)



Handle More Cases

with extra time and attention for patients using the

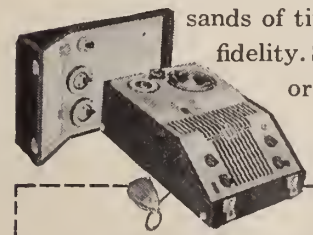
WEBSTER-CHICAGO

Electronic Memory

WIRE RECORDER

Enjoy extra time—get more done! Record important office and clinic calls. Transfer information later to patients' cards.

The Webster-Chicago Electronic Memory Wire Recorder comes complete with microphone, 3 spools of wire. It plugs into an AC outlet ready to record or listen. Recordings can be erased and reused thousands of times without loss of fidelity. See it demonstrated or send for booklet!



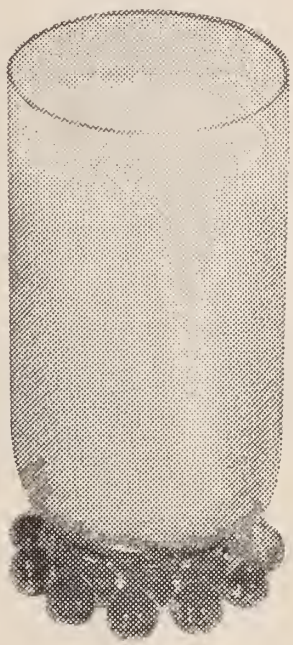
WEBSTER-CHICAGO
5610 Bloomingdale Avenue **Dept. M-6**
Chicago 39, Illinois

Gentlemen: Send the Free Booklet on the Webster-Chicago *Electronic Memory Wire Recorder*. No obligation, of course.

Name .....

Address .....

City ..... Zone .... State .....



Of vital aid during and after pregnancy . . . for every quart contains 400 added U. S. P. Units of Vitamin 'D' to assist in the assimilation of calcium.

Southern Dairies

Sealtest
VITAMIN 'D'
HOMOGENIZED MILK

TUNE IN: The Sealtest Village Store, starring JACK CARSON with Eve Arden, Thursday Evenings, NBC

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	William C. Roberts, M.D. 348 Cove Blvd. Panama City	Russell T. Stewart, M.D. Panama City		13	6	
	Escambia *Santa Rosa*	Joe I. Turberville, M.D. Century	Nathan S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	60	49	
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	2	A-1-48 Wm. C. Roberts, M.D. Panama City
	Jackson *Calhoun*	Courtland D. Whitaker, M.D. Burton Bldg. Marianna	Francis M. Watson, M.D. 120 Deering St. Marianna	3rd Thursday 7:30 P.M.	15	13	
	Walton-Okaloosa	Ralph B. Spires, M.D. DeFuniak Springs	Arthur G. Williams, Sr. Lakewood	3rd Thursday 8:00 P.M.	13	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Chipley		5	100%	
	Columbia *Baker-Hamilton*	W. M. Ives, M.D. 20 W. Madison St. Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	14	100%	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	Taylor W. Griffin, M.D. Quincy	Edward C. Love, Jr., M.D. Masonic Temple Bldg. Quincy	Quarterly 7:30 P.M.	45	40	A-2-49 Irby H. Black, M.D. Live Oak
	Madison-Suwannee	C. LeRoy Adams, Jr., M.D. Parshley Bldg. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		9	6	185
	Taylor *Dixie-Lafayette*	Walter J. Baker, M.D. Foley	Ralph J. Green, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist Union*	J. Maxey Dell, Jr., M.D. 331 W. Main St., S. Gainesville	F. Emory Bell, M.D. Box 400 Gainesville	2nd Tuesday 8:00 P.M.	32	5	
	Duval *Clay*	John A. Beals, M.D. 1900 Boulevard Jacksonville	Elmer E. Leitner, M.D. 33 W. Ashley St. Jacksonville	1st Tuesday 8:15 P.M.	233	152	
	Marion *Levy*	Hugh H. Barfield, M.D. 1317 S. Orange St. Ocala	Bertrand F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12.30 P.M.	30	23	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
	Nassau	David G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
	Putnam	Edward W. Ford, M.D. Crescent City	James W. Davidson, M.D. 6 S. Main St. Crescent City	2nd Tuesday 6:00 P.M.	8	7	
	St. Johns	Hardgrove S. Norris, M.D. 168 Marine St. St. Augustine	S. Raymond Cafaro, M.D. Exchange Bank Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	16	100%	
	Brevard	I. Kimbell Hicks, M. D. Melbourne	Theodore J. Kaminski, M.D. Box 576 Melbourne	2nd Tuesday	14	10	
	Lake *Sumter*	Howard G. Holland, M.D. 1112 W. Main St., Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	24	17	B-4-49 Rabun H. Willams, M.D. Eustis
	Orange *Osceola*	Rollin D. Thompson, M.D. Box 3513 Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	129	122	
	Seminole	Harry Z. Silsby, M.D. Box 642 Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	11	100%	
	Volusia *Flagler*	Charles E. Tribble, M.D. DeLand	Robert L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	50	42	555
C	Hillsborough	Douglas D. Martin, M.D. 442 W. Lafayette St. Tampa	Herschel G. Cole, M.D. 315 Wallace S. Bldg. Tampa	1st Tuesday 8:00 P.M.	139	121	
	Manatee	Millard P. Quillian, M.D. Walcaid Bldg. Bradenton	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	3rd Tuesday 7:00 P.M.	18	15	C-5-49 John M. Butcher, M.D. Sarasota
	Pasco-Hernando-Citrus	William G. Mason, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	14	12	
	Pinellas	M. Eldridge Black, M.D. 311 Coachman Bldg. Clearwater	Whitman C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg	1st and 3rd Thursdays 6:30 P.M.	155	150	
	Sarasota	John M. Butcher, M.D. 209 Commercial Ct. Sarasota	Talmadge S. Thompson, M.D. Box 224 Venice	2nd Tuesday 8:30 P.M.	23	20	
	DeSoto-Hardee-Highlands-Charlotte-Glades	Zaven M. Seron, M.D. Sebring	Howard V. Weems, M.D. 22 Oak St. Sebring	2nd Tuesday 8:00 P.M.	26	25	
	Lee *Collier, Hendry*	Harvie J. Stipe, M.D. 210 Richards Bldg. Ft. Myers	H. Quillian Jones, M.D. 311 Professional Bldg. Ft. Myers	3rd Tuesday 7:30 P.M.	20	17	C-6-48 James R. Boulware, Jr., M.D. Lakeland
	Polk	Chester H. Murphy, M.D. Bartow	John W. Vaughn, M.D. Box 475 Lakeland	2nd Wednesday 7:00 P.M.	73	4	468
D	Palm Beach	Victor C[illegible]olm, M.D. Bo[illegible] West P[illegible]ach	Ralph M. Overstreet, Jr., M.D. 820 Comeau Bldg. West Palm Beach	3rd Monday 8:00 P.M.	84	68	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	Hugh B. Good[illegible], Jr., M.D. Arcade Bldg. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	19	1	
	Broward	Milton N. Camp, M.D. 720 Sweet Bldg. Ft. Lauderdale	Alva R. Taylor, M.D. 414 Blount Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	63	60	D-8-49 Russell B. Carson, M.D. Ft. Lauderdale
	Dade	Robert T. Spicer, M.D. 404 Ingraham Bldg. Miami	Benjamin G. Oren, M.D. 628 duPont Bldg. Miami	1st Tuesday 8:30 P.M.	465	321	
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	Herman K. Moore, M.D. 811 United St. Key West	2nd Thursday 8:00 P.M.	11	10	642

*Supervise and aid until organized separately.

Total 1,850



SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, Apr. 11-14, 1948
Florida Medical Districts	W. Duncan Owens, Miami Beach	Council Chairman	
A-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Live Oak, 1948
B-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	Daytona Beach, 1948
C-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Bradenton-Sarasota, 1948
D-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	West Palm Beach, 1948
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Chicago, June 21-25, 1948
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Mobile, Apr. 15, 16, 17, 1948
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Atlanta, Apr. 27-30, 1948
Florida—			
Basic Science Exam. Board	Paul A. Vestal, Winter Park	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 23-June 5, '48
Dental Society, State	Horace L. Cartee, D.D.S., Miami	John I. Todd, D.D.S., Jacksonville	Hollywood, Dec. 12-15, 1948
Derm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	St. Augustine, 1948
Genl. Practice of Med.	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	St. Augustine, 1948
Health Officers' Society	Wm. E. Van Landingham, W. P. B.	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
Hospital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	Orlando, April, 1948
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonvill	Orlando, April, 1948
Industrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, June 29-30, 1948
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 28-July 3, '48
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	St. Augustine, Apr. 14, 1948
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	St. Augustine, 1948
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Helen Shearston, Miami	West Palm Beach, Fall, 1948
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	St. Augustine, 1948
Pharmaceutical Association, State	Mr. A. B. Ware, Branford	Mr. R. Q. Richards, Ft. Myers	Jacksonville, Apr. 27-29, 1948
Public Health Association	Wilson T. Sowder, Jacksonville	Mr. Fred B. Ragland, Jacksonville	Panama City, Oct. 7-9, 1948
Radiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy G. Thomas, Groveland	Mr. E. W. Crouch, Foley	Jacksonville, May 3, 4, 1948
Woman's Auxiliary	Mrs. L. M. Jenkins, Miami	Mrs. C. D. Rollins, Jacksonville	St. Augustine, 1948
E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Allergy Assn.	J. Warrick Thomas, Richmond, Va.	Kath. B. MacInnis, Columbia, S. C.	
Southeastern, Am. College Phys.	Webster Merritt, Jacksonville	Florida Program Chairman	Atlanta, 1948
Southeastern Am. Urological Assn.	Harold P. McDonald, Atlanta	Russell B. Carson, Ft. Lauderdale	Boca Raton, March, 1949
Southeastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Hollywood, Apr. 5-8, 1948



This baby's mother learned about Mead's Oleum Percomorphum from her physician, not from public advertising or displays.

"Servamus Fidem"

HOW much sun does the infant really get?

Not very much: (1) When the baby is bundled to protect against weather or (2) when shaded to protect against glare or (3) when the sun does not shine for days at a time. Mead's Oleum Percomorphum is a prophylactic against rickets available 365¼ days in the year, in measurable potency and in controllable dosage. *Use the sun, too.*

Mead Johnson & Co., Evansville, Ind., U.S.A.

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

MAY 12 1948

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV MAY, 1948 No. 11

IN THIS ISSUE

Atomic Bomb Explosion Effects
Frank L. Price

Cervical Lesions
Lee T. Rector

Essential Hypertension
Milton S. Saslaw

Socialized Medicine
An Editorial

(Complete Table of Contents Page 637)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

THEELIN:

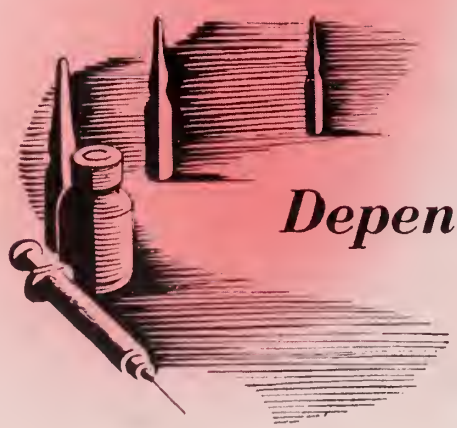
continuing



Naturally occurring



Pure crystalline



Dependable estrogen

THEELIN is a *naturally occurring* estrogen. It is well tolerated and can be administered without signifieant side reactions or untoward effects.

THEELIN is a *pure crystalline* estrogen. Since it is not a mixture and does not contain extraneous substanees, its physiologie effeetiveness is accurately determined by weight.

leadership in estrogen therapy

THEELIN is a *highly potent* estrogen. One ten-thousandth (0.0001) of a milligram is equivalent to one international unit. Beeause of THEELIN's potency, symptoms of the menopause and other estrogen-defieieney states may be readily and effeetively relieved.

THEELIN is a *dependable* estrogen. It has stood the test of time. The first estrogenic hormone to be isolated in pure erystalline form and the first to assume elinieal importanee, THEELIN may be depended on for its reliable and predictable estrogenie effeets.

THEELIN is available as THEELIN AQUEOUS SUSPENSION in ampoules of 1 mg. (10,000 I.U.), 2 mg. (20,000 I.U.) and 5 mg. (50,000 I.U.);
THEELIN IN OIL in ampoules of 0.1 mg. (1000 I.U.), 0.2 mg. (2000 I.U.), 0.5 mg. (5000 I.U.) and 1 mg. (10,000 I.U.);
STERI-VIAL® THEELIN IN OIL in vials of 10 cc., each cc. containing 1 mg. (10,000 I.U.); and
THEELIN Vaginal Suppositories, containing 0.2 mg. (2000 I.U.).

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

MEDICAMENTA VERA · PD & CO.

to help vanquish depression marked by "morning tiredness"

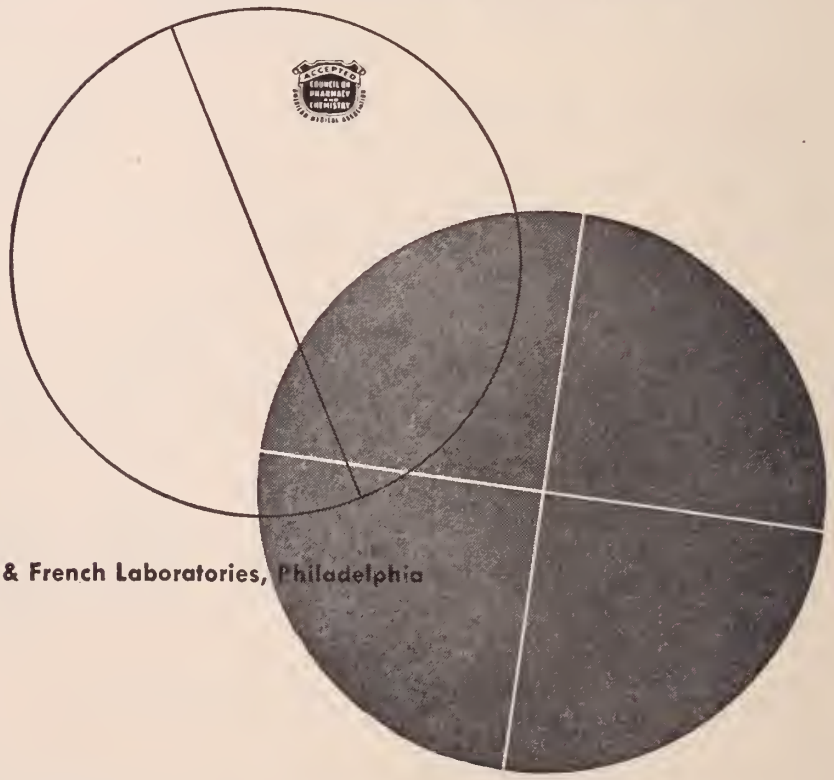
Many depressions are marked by morning tiredness, inertia, lassitude and retardation. 'Benzedrine' Sulfate, taken on awakening, frequently helps to lift the patient "over the hump" of the early hours.

Benzedrine Sulfate—where it shortens, eases, or even eliminates the patient's struggle with depression—may improve the tone of his entire day. While not always effective, Benzedrine Sulfate therapy certainly merits a fair clinical trial in depression marked by morning tiredness.

Tablets Capsules Elixir

Benzedrine* Sulfate

One of the fundamental drugs in medicine



Smith, Kline & French Laboratories, Philadelphia

*T.M. REG. U.S. PAT. OFF. FOR RACEMIC AMPHETAMINE SULFATE, S.K.F.

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

Volume XXXIV MAY, 1948 No. 11

CONTENTS

SCIENTIFIC ARTICLES

Effects Resulting from Atomic Bomb Explosion, Frank L. Price, M.D. ... 651
Cervical Lesions—Diagnosis of Malignant Disease by Vaginal Smear, Lee T. Rector, M.D. ... 654
Medical Management of Essential Hypertension, Milton S. Saslaw, M.D. ... 657

ABSTRACTS OF MEDICAL ARTICLES

Problems in the Surgical Management of Hip Fractures, Robert C. Lonergan, M.D. ... 662
Anesthetic Accidents, Ralph S. Sappenfield, M.D., and John Adriani, M.D. ... 663
Primary Hypertrophy and Hyperplasia of the Parathyroid Glands Associated with Duodenal Ulcer, H. Milton Rogers, M.D., F. Raymond Keating, Jr., M.D., Carl G. Morlock, M.D., and Nelson W. Barker, M.D. ... 663
An Attempt to Forestall Acute Coronary Thrombosis, E. Sterling Nichol, M.D., and David W. Fassett, M.D. ... 663

EDITORIALS

Newly Elected Officers ... 665
Statesmanship in Medical Circles ... 665
Britain's Experiment in Socialized Medicine ... 666
The Chemist and The Physician—Antibiotics ... 667
The Hidden Treasures of the Later Years ... 668
New Diagnostic Problems ... 669
Report of Delegates to A.M.A. Convention ... 669

COMMENTARIES

Night Service Demand ... 670
Medical Practice Act ... 671
New Handbook of Nutrition ... 671
Appointment of Commissioned Officers in the Medical and Dental Corps of the Regular Navy ... 671

GENERAL FEATURES

Officers and Committees ... 664, 665
Public Relations ... 672
State Board of Health ... 672
State News Items ... 673
Marriages and Deaths ... 673
Component Society Notes ... 673
Theodore Gaillard Croft (Obituary) ... 676
Books Received ... 677
List of County Medical Societies, Presidents and Secretaries ... 698
Schedule of Meetings ... 699

This Journal is not responsible for the opinions and statements of its contributors.

Published monthly at Jacksonville, Florida. Price $5.00 a year; single numbers, 50 cents. Address Journal of the Florida Medical Association, P. O. Box 1018 (Fla. Theater Bldg.), Jacksonville 1, Fla. Telephone 5-0577. Accepted for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918. Entered as second-class matter under Act of Congress of March 3, 1879, at the post office at Jacksonville, Florida, October 23, 1924.



Introducing

A NEW STEEL SURGICAL SUITE BY HAMILTON...

THE *Steeltone*



Hamilton proudly introduces a new steel surgical suite ... the Steeltone. For the doctor who prefers steel, here is equipment at its finest. Massive in appearance, the Steeltone features an extra-large examining table with an adjustable, counter-balanced top, disappearing stirrups, concealed treatment feature and ample storage space. The roomy instrument cabinet is available with either solid or glass doors. You will be proud to own Steeltone. Stop in today for full information.

HOSPITAL INDUSTRIES ASSOCIATION HIA

AMERICAN SURGICAL TRADE ASSOCIATION A.S.T.A.



Anderson Surgical Supply Co.

Established 1916

Telephone 5-2560
40-42 W. DUVAL STREET
P. O. Box 1799
JACKSONVILLE 1, FLORIDA

Telephone M 8504
1101-1105 TAMPA STREET
P. O. Box 1228
TAMPA 1, FLORIDA

Telephone 7-4589
21 3rd STREET N.
ST. PETERSBURG, FLORIDA

Exemplary

ORAL ESTROGEN

ESTINYL®

(ethinyl estradiol)



"specially active . . . giving extraordinarily good results by oral administration . . ."[1]

Unrivaled potency permits *minute* dosage—*measured in hundredths of a milligram*—for rapid alleviation of menopausal distress and other estrogen-deficient states. Rarity of side reactions is noteworthy in therapeutic dosage. Promotion of a gratifying sense of well-being is a conspicuous feature of ESTINYL therapy. Low cost permits the prescription of ESTINYL* to any office patient for potent, highly effective, well-tolerated, oral estrogen therapy.

DOSAGE:
One ESTINYL Tablet of 0.02 mg. daily. Severe cases two to three tablets a day or 0.05 mg. as required; the dosage being reduced as symptoms subside.

ESTINYL (ethinyl estradiol) Tablets of 0.02 mg. (buff) or 0.05 mg. (pink), in bottles of 100, 250 and 1000. ESTINYL LIQUID, 0.03 mg. per 4 cc., in bottles of 4 and 16 oz.



1. Zondek, H.: The Diseases of The Endocrine Glands, ed. 4 (Second English), Baltimore, Williams & Wilkins Company, 1944, p. 421.

*®

Schering

CORPORATION · BLOOMFIELD, NEW JERSEY

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

ESTINYL

SCHERING

for those sensitive to the proteins in milk . . .







• When children (infants and adults, too) are unable to tolerate the animal proteins in cow's milk, MULL-SOY—the emulsified soy concentrate—is the replacement of choice. It is highly palatable, and easily digestible, without the offending proteins of animal origin.

• MULL-SOY is a biologically complete vegetable source of all essential amino acids. In standard 1:1 dilution, it also provides the other important nutritional factors of fat, carbohydrate and minerals in quantities that closely approximate those of cow's milk.

• To prepare MULL-SOY, simply dilute with equal parts of water.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N. Y.
In Canada write The Borden Company, Limited, Spodino Crescent, Toronto

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

mull-soy



MULL-SOY is a liquid hypoallergenic food prepared from water, soy flour, soy oil, dextrose, sucrose, calcium phosphate, calcium carbonate, salt and soy lecithin; homogenized and sterilized. Available in 15½ fl. oz. cans at drug stores everywhere.

when milk becomes "forbidden food"

"the substance from which they obtain the greatest comfort"...



"Some patients are relieved of hot flushes by synthetic drugs, but fail to obtain quite the sense of well-being they experience when given natural estrogens; there is no reason to deny these patients the substance from which they obtain the greatest comfort."[1]

AMNIOTIN, Squibb complex of natural mixed estrogens, does *more* than relieve climacteric flushes and sweating. The patient not only experiences a feeling of well-being, but increased strength and vigor and "a greater sense of general relief, exclusive of the amelioration of hot flashes."[2] These advantages, long attributed to natural estrogens, are attained with Amniotin therapy.

Amniotin is well tolerated. It is readily metabolized by the body, and detoxified by the liver. Moreover, the natural estrogens in therapeutic doses are less likely to induce menopausal bleeding or hyperplasia of the endometrium.[3]

Whether symptoms are mild, moderate or severe, oral and intramuscular forms of Amniotin in a variety of potencies fulfill every need. Capsule suppositories are also available.

BIBLIOGRAPHY:

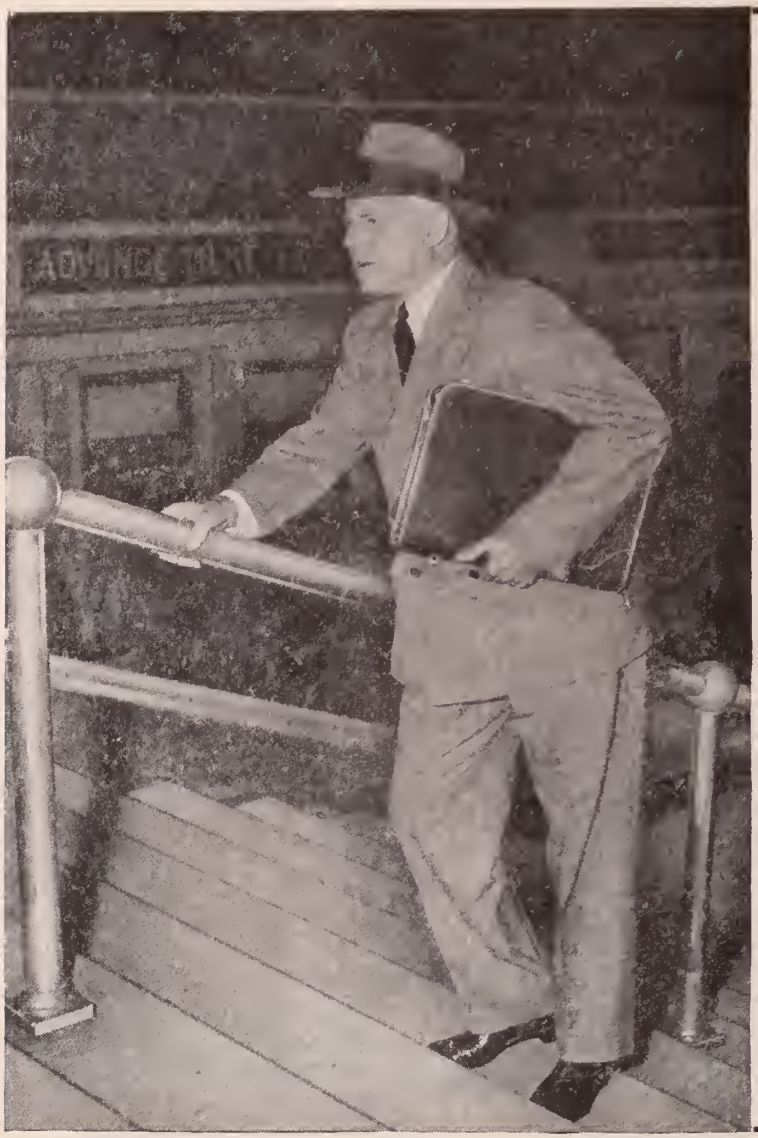
1. *Texas State J. Med.* 52:683 (Apr.) 1947.
2. *J. Clin. Endo.* 3:89 (Feb.) 1943.
3. *J.A.M.A.* 134:1141 (July 26) 1947.

Amniotin
TRADEMARK

COMPLEX OF NATURAL MIXED ESTROGENS

SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



ANGINA PECTORIS

and other Manifestations of

CORONARY INSUFFICIENCY

The following episodes may be prevented by appropriately regulated administration of a vasodilator having a *sustained* effect:

FOR THE PERSON

- *who is compelled to stop and rest when climbing a flight of stairs.*
- *who suffers "indigestion" and "gas" on exertion, or after a heavy meal.*
- *who is stricken with precordial pain on unusual exertion or emotion, or when exposed to cold.*

The vasodilatation produced by Erythrol Tetranitrate Merck begins 15 to 20 minutes after administration, and lasts from 3 to 4 hours.

It is generally agreed that the acute attack of anginal pain is most readily relieved by the prompt removal of the provocative factor, and by the use of nitrites. For prophylactic purposes—to control anticipated paroxysms—the delayed but prolonged action *of erythrol tetranitrate is effective. Erythrol tetranitrate, because of its slower* and more prolonged *action, is also considered preferable for the purpose of preventing nocturnal attacks.*

ERYTHROL TETRANITRATE MERCK

(ERYTHRITYL TETRANITRATE)

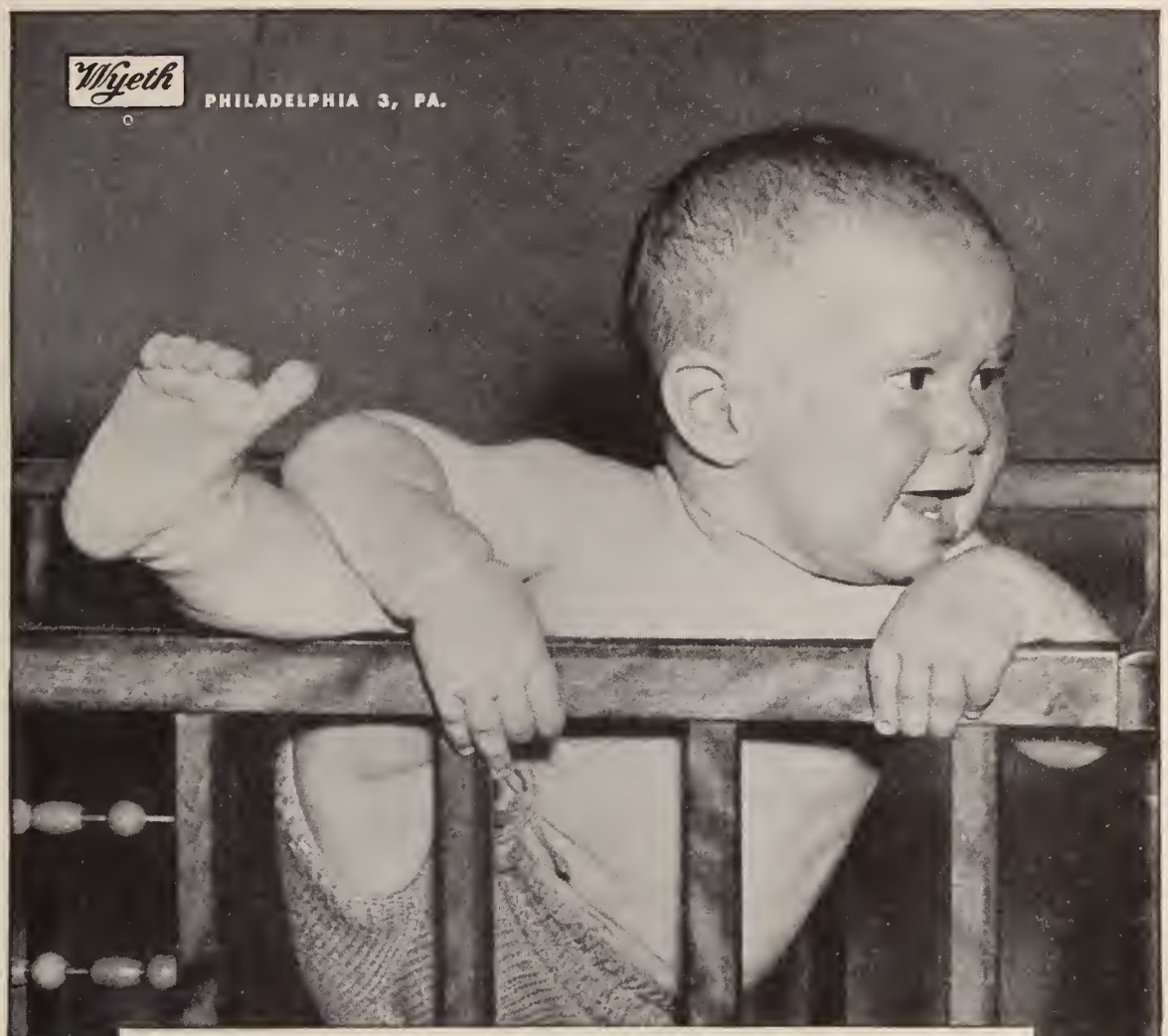
Council ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION *Accepted*

MERCK & CO., Inc. RAHWAY, NEW JERSEY

Manufacturing Chemists

MERCK MERCK

Wyeth
PHILADELPHIA 3, PA.



S-M-A® builds husky babies

Protein in S-M-A is complete and adequate. It is present in the same proportion as in breast milk. Protein in S-M-A is *utilized for growth.*

Because the fat and carbohydrate in S-M-A are perfectly balanced (as in human milk) to supply necessary energy, the protein element in the formula is available for its own special purpose—the building of tissue. Thus growth factors are not robbed to supply calorie requirements.

S-M-A closely approximates mother's milk.

The S-M-A formula is well suited to modification, as the physician may wish, for special feeding problems.

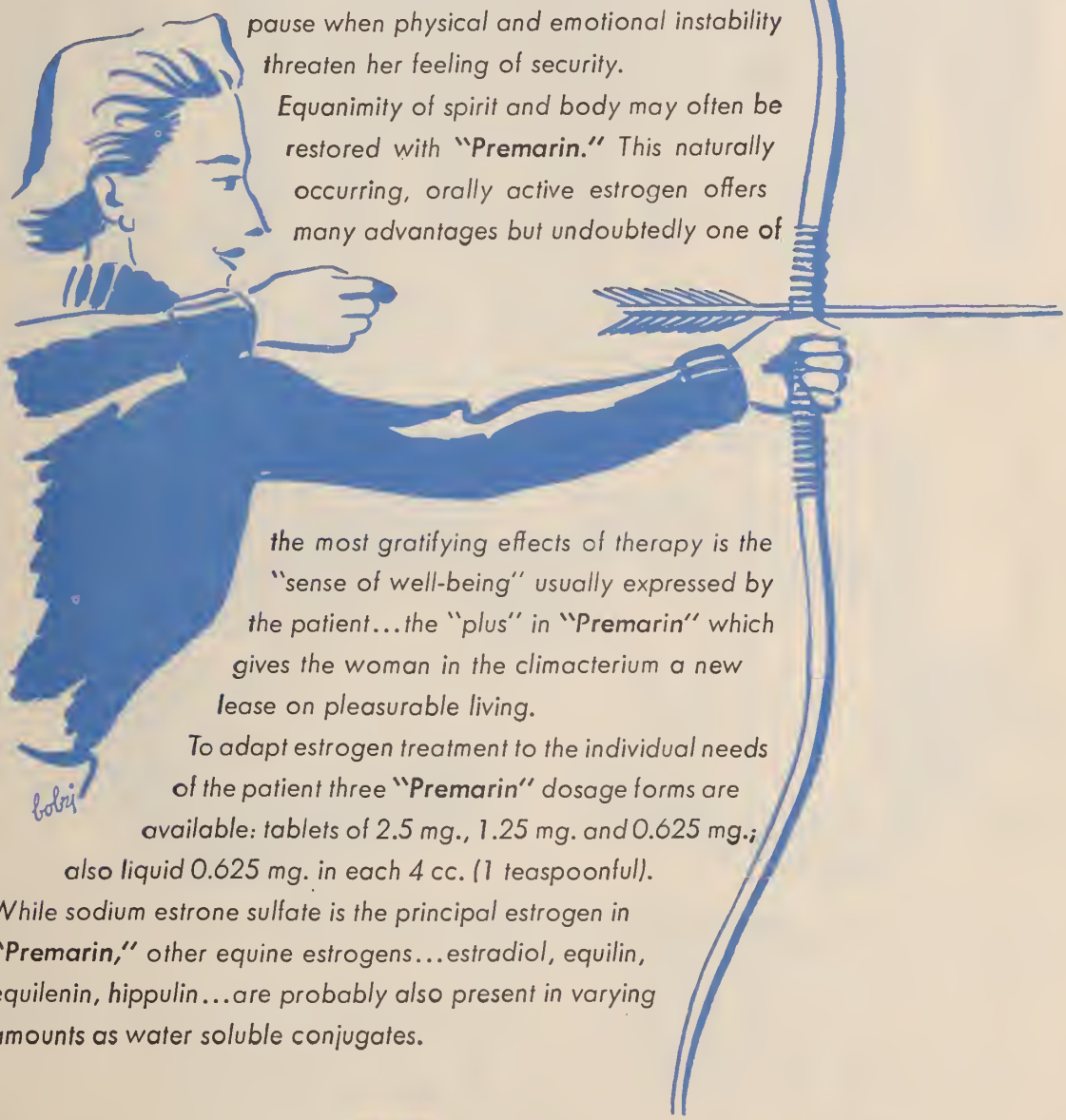


For surface infections...



New and Nonofficial Remedies • 1947 • states: "NITROFURAZONE.—Furacin... possessing bacteriostatic and bactericidal properties . . . effective in vitro and in vivo against a variety of gram negative and gram positive bacteria . . . is useful for topical application in the prophylaxis and treatment of superficial mixed infections common to contaminated wounds, burns, ulceration and certain diseases of the skin . . . Variant bacterial strains showing induced resistance to sulfathiazole, penicillin or streptomycin are as susceptible to nitrofurazone as their parent strains . . ." Furacin N.N.R. is available in the form of Furacin Soluble Dressing containing 0.2 per cent Furacin. This preparation is indicated for topical application *in the prophylaxis and treatment of infections of* wounds, second and third degree burns, cutaneous ulcers, pyodermas and skin grafts. *Literature on request.* **EATON LABORATORIES, INC., NORWICH, N. Y., — TORONTO, CANADA**

middle age + pleasurable living



Perhaps, at no other time does a woman need reassurance so much as during the trying period of the menopause when physical and emotional instability threaten her feeling of security.

Equanimity of spirit and body may often be restored with **"Premarin."** *This naturally occurring, orally active estrogen offers many advantages but undoubtedly one of the most gratifying effects of therapy is the "sense of well-being" usually expressed by the patient...the "plus" in* **"Premarin"** *which gives the woman in the climacterium a new lease on pleasurable living.*

To adapt estrogen treatment to the individual needs of the patient three **"Premarin"** *dosage forms are available: tablets of 2.5 mg., 1.25 mg. and 0.625 mg.; also liquid 0.625 mg. in each 4 cc. (1 teaspoonful).*

While sodium estrone sulfate is the principal estrogen in **"Premarin,"** *other equine estrogens...estradiol, equilin, equilenin, hippulin...are probably also present in varying amounts as water soluble conjugates.*

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

"PREMARIN"®

Ayerst

CONJUGATED ESTROGENS (equine)

Ayerst, McKenna & Harrison Limited 22 East 40th Street, New York 16, New York

WALKER

COUNCIL-ACCEPTED VITAMIN DROPS



Potent, convenient, flexible dosage form
Designated for use in pediatrics and geriatrics

VITAMIN C DROPS

Each drop supplies 5 mg. of vitamin C

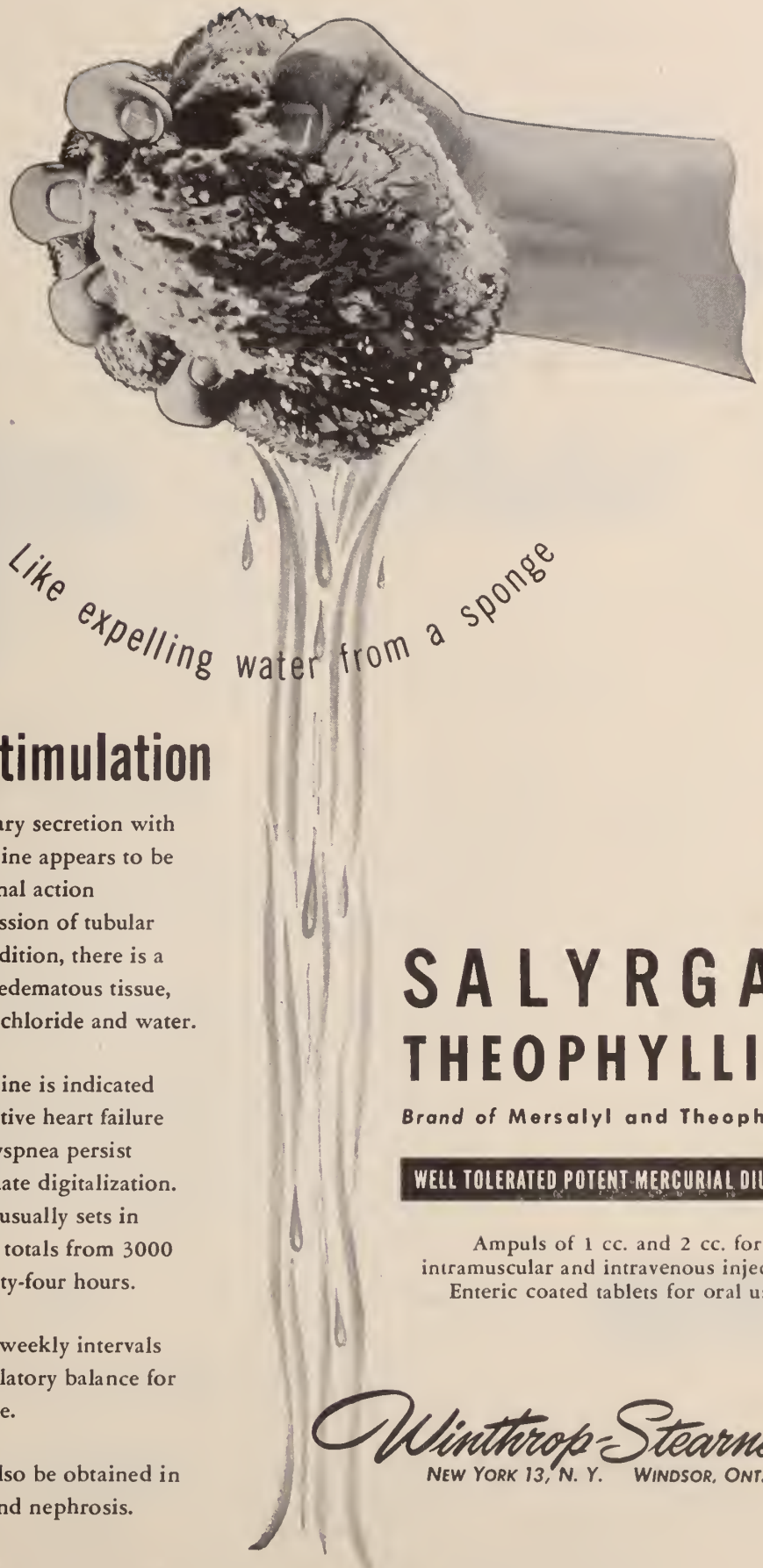
Supplied in dropper bottles of 15 cc.

CONCENTRATED OLEO VITAMIN A-D DROPS

Each drop supplies 2,000 units vitamin A, 333 units vitamin D

Supplied in dropper bottles of 15 cc. and 60 cc.

Walker VITAMIN PRODUCTS, INC., MOUNT VERNON, N. Y.



Urinary Stimulation

Stimulation of urinary secretion with Salyrgan-Theophylline appears to be due chiefly to its renal action consisting of depression of tubular reabsorption. In addition, there is a direct influence on edematous tissue, mobilizing sodium chloride and water.

Salyrgan-Theophylline is indicated primarily in congestive heart failure when edema and dyspnea persist after rest and adequate digitalization. Gratifying diuresis usually sets in promptly and often totals from 3000 to 4000 cc. in twenty-four hours.

Injections at about weekly intervals help to insure circulatory balance for long periods of time.

Good results may also be obtained in chronic nephritis and nephrosis.

SALYRGAN THEOPHYLLINE

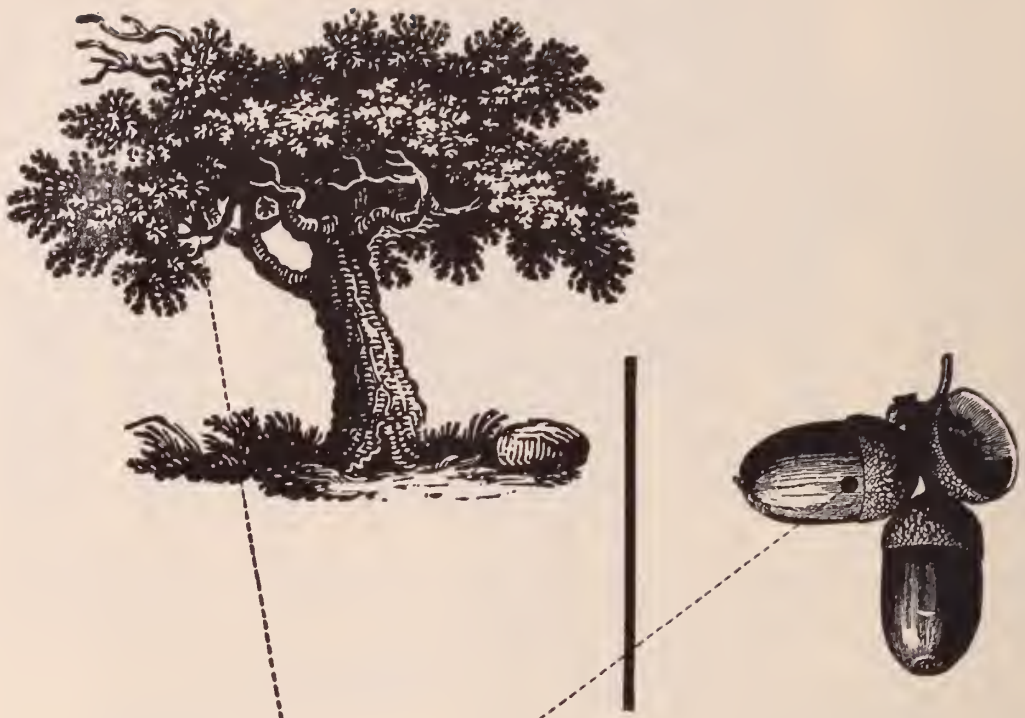
Brand of Mersalyl and Theophylline

WELL TOLERATED POTENT MERCURIAL DIURETIC

Ampuls of 1 cc. and 2 cc. for intramuscular and intravenous injection. Enteric coated tablets for oral use.

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

SALYRGAN, trademark Reg. U. S. Pat. Off. & Canada



Not all little acorns into great oaks grow.

Nor do all little children reach optimal height.

Nutritional elements absolutely essential to optimal growth and function are today available in convenient economical forms. Vitamins D and A—alone or combined with other growth and health promoting vitamins —are provided in potencies suited to supplementation, maintenance, and prophylaxis through infancy, childhood, adolescence, and adulthood, for as long as growth and life persist.

Upjohn
KALAMAZOO 99, MICHIGAN

fine pharmaceuticals since 1886

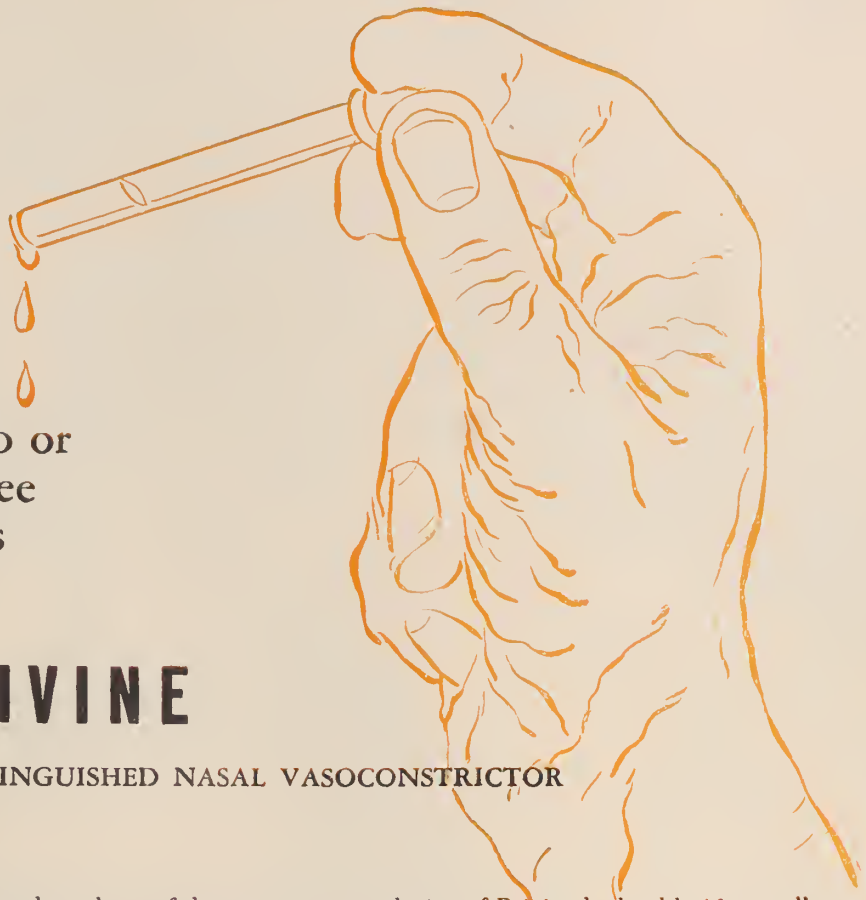
Upjohn Vitamins

This advertisement on Vitamin Products No. 48-VP-1 will appear in:

April, 1948
Annals Internal Medicine
Surgery [illegible]ecology & Obstetrics

May, 1948
34 State Journals
American Heart Journal

October, 1948
American Journal Diseases Children



only two or three drops

PRIVINE

A DISTINGUISHED NASAL VASOCONSTRICTOR

high potency Only two or three drops of the 0.05 per cent solution of Privine hydrochloride usually give prompt and complete relief of nasal congestion and hypersecretion.

prolonged action The effect of each application of Privine provides two to six hours of nasal comfort, thus avoiding the inconvenience of frequent re-application.

bland and non-irritating Privine is prepared in an isotonic aqueous solution buffered to a pH of 6.2 to 6.3. Artificial differences in osmotic pressure between solution and epithelium are avoided; stinging and burning are usually absent.

relatively free from systemic effects Although a sedative effect is occasionally noted in infants and young children — usually after gross overdosage — Privine is generally free of systemic effect. The absence of central nervous stimulation permits the use of Privine before retiring without interfering with restful sleep.

• CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

Privine 0.05 per cent for all prescription purposes; 0.1 per cent strength reserved for office procedures.

Ciba

PRIVINE (brand of naphazoline) Trade Mark Reg. U.S. Pat. Off.



"Well, I'll be
Davey Jones! . . . *Quick,*

call the BYRON THOMPSON MAN"

You've often heard "Anything can happen in the hospital!" And that's almost the way it is. Even the finest equipment will give trouble at times, but it usually picks just the wrong moment. Next time you have trouble, don't even count to ten, just call the Byron Thompson Man at once! He can repair or replace any equipment in your establishment...

Byron Thompson stocks more than 15,000 items of medical, surgical and hospital supplies and equipment for nearly 400 of the leading manufacturers throughout the world. If you need *anything* — from test tubes to sterilizing systems, from X-Ray equipment to grain-of-wheat instrument lamps — we can supply it right away.

There's someone waiting at our phone right now for your call. He'll always be there, day or night. So, **Call The Byron Thompson Man!**

Byron Thompson & Company

INCORPORATED

ESSENTIALS FOR SCIENTIFIC PROGRESS

DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE • MIAMI • ORLANDO



Welcome Relief from Nasal Congestion

OCCLUSION of the nasal passages contributes greatly to the discomfort of patients suffering from upper respiratory infections. Prompt, long-lasting relief may be obtained from the administration of Solution 'Tuamine Sulfate' (2-Aminoheptane Sulfate, Lilly). Administered by spray or dropper, Solution 'Tuamine Sulfate' shrinks the nasal mucosa and permits easy, natural breathing. There is no stimulation of the central nervous system, nor is secondary engorgement caused by the routine application of the 1 percent solution. Prescribe Solution 'Tuamine Sulfate,' 1 percent, for home use. The 2 percent solution is recommended for office procedures in which maximum shrinkage is required.

Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.



Lilly in Canada

A 15 x 12 reproduction of this Edward A. Wilson illustration is available upon request.

SINCE Banting and Best's epochal discovery of Insulin, Eli Lilly and Company has worked closely with the University of Toronto research group. Through this co-operative exchange of information, the initial technical problems involved in Insulin extraction, purification, and standardization were worked out in an unbelievably short time. Continuing efforts of both groups working together have led to important refinements and economies.

Liaison with important medical research centers has, as in the case of Insulin, speeded up medical progress, saved lives. English and French-speaking Lilly medical service representatives now contact over 8,000 Canadian physicians. Every physician associated with medical research is given the opportunity to enlist the aid of the Lilly Research Laboratories. Eli Lilly and Company is alert to bring the benefits of medical discoveries everywhere to the treatment rooms of medical practitioners.

LILLY INTERNATIONAL

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY
Volume XXXIV Jacksonville, Florida, May, 1948 No. 11

Effects Resulting from Atomic Bomb Explosion

Frank L. Price, M.D.
ST. PETERSBURG

The effects of the atomic bomb explosion on humans and structures will depend upon whether the explosion is in the air, on the ground or in the water. Little is known of the effects on buildings or people of a bomb exploded on the ground. In New Mexico the bomb was on a 100 foot tower and no buildings or people were involved. It is known, however, that the sands of the desert around the blast were fused and remained radioactive for some time. It is estimated that at Nagasaki the bomb exploded at an altitude of about 800 feet.[1]

The most striking difference between the explosion of an atomic bomb and an ordinary TNT bomb is in the magnitude of the blast wave and in the amount of energy released which is in the form of heat, light and ionizing radiation.[2]

The products of fission of a bomb exploded beneath the water mix intimately with sea water and create a poisonous radioactive spray that fills the air and mushrooms outward in all directions. It is carried by the wind and, as it settles to the earth, covers everything in the entire region.

The pressure wave of an atomic bomb differs from that of an ordinary explosion in the duration of the positive pressure phase, the size of the area over which high pressures are exerted and the force of the blast wave. Pressure from an ordinary explosion lasts only a few milliseconds, that from an atomic bomb for nearly a second. It was this long, intense wave that caused the extensive damage to buildings in Hiroshima and Nagasaki. In Hiroshima almost everything within a radius of a mile from the center of the explosion was completely destroyed except heavily reinforced concrete structures, and these were entirely gutted. In Nagasaki, total destruction spread over an area of about 3 square miles, and it was evident that the blast effect was greater than in Hiroshima.[2]

The heat of the blast was very intense. Its duration was of insufficient time to raise the temperature of many materials to the kindling point, except in cases where conditions were ideal. In both cities some fires close to the center of the explosion were undoubtedly started by the radiation of heat. The majority of fires were of secondary origin, starting from electrical short circuits, broken gas lines, stoves and like sources. The conflagration at Hiroshima caused high winds to spring up as air was drawn in toward the center of the burning area, and a so-called "fire storm" was created. The wind velocity in the city had been less than 5 miles per hour before the bombing, but as the fire spread, the fire wind attained a velocity of 30 to 40 miles per hour. These winds restricted the spread of the fire from the periphery, but increased the fury of the fire toward the center.[2]

Flash ignition of dry combustible material was observed as far as 6,000 feet from the center of the explosion in Hiroshima, and 10,000 feet from the center of the explosion in Nagasaki. There was evidence to show that fires had been started by flash ignition only to be put out by the blast wave that followed.[2]

The casualties sustained by the inhabitants of both cities were due to burns, mechanical injury, neutrons and gamma radiation. In Hiroshima, 60 per cent of those who died immediately, and in Nagasaki, 95 per cent of those who died immediately, did so from burns.[2]

Flash burns caused by ultraviolet light appeared almost immediately with progressive changes taking place over a period of a few hours. It has been estimated that about 90 per cent of the burns suffered by patients who reached the first aid stations were of second degree. Burns were limited to that part of the body facing the center of the explosion. Clothing of any sort gave protection. Those close to the explosion suffered burns beneath their clothing. Skin areas beneath dark colored material were burned more than those under light colored materials.[2]

Read before the Pinellas County Medical Society, Nov. 6, 1947.

BLAST INJURIES

No estimate of the number of deaths or symptoms due to blast pressure could be made. The pressures developed on the ground under the explosion were not sufficient to kill more than those people who were very near the center of damage.[2]

RADIATION INJURIES

The radiations which caused injuries were primarily those created within the first second after the explosion. A few may have occurred later, but all within the first minute. It was estimated that gamma rays and neutrons caused about 7 per cent of the deaths.[2] The disintegration products of plutonium fission consist of fission fragments, neutrons and beta particles, and cause a transformation of the remainder of the mass into heat, gamma rays and radiant energy, the last named including ultraviolet, visible and infrared radiation.[3] The gamma rays and neutrons emitted instantaneously at Nagasaki were enough to have killed or injured nearly everyone exposed within a radius of three quarters of a mile. The neutrons were one of the most important lethal agents within a radius of 1,000 meters from the point of explosion.[3] The number of high speed neutrons beyond the 1,000 meter radius was much smaller than the number of gamma ray quanta due to the more rapid absorption of the neutrons. The biologic effect of neutrons is, however, at least seven times greater than that of gamma rays; so this smaller number of neutrons may have produced an appreciable biologic effect, and neutrons as a source of penetrating radiation within the 1,000 meter to 1,500 meter area cannot be eliminated.[3]

A study of patients with no other type of injury than radiation showed the effects of severe, moderate and mild injury. In those who had maximum irradiation effects, nausea and vomiting developed several hours after the explosion. Fever, diarrhea, purpura, ulcerations of the mucous membrane and leukopenia developed within four to seven days, and death usually occurred before ten days. In those who sustained moderate doses of gamma rays and neutrons, symptoms developed after seven days. These people had nausea and vomiting several hours after the explosion, but no definite symptoms appeared until seven to ten days later. The syndrome of moderate radiation injuries was characterized by epilation, diarrhea, fever, leukopenia and anemia. Complications such as occur in agranulocytic angina developed and were difficult to control. The mortality rate in those having this syndrome was about 50 per cent.[4]

Those who received a mild dose of radiation had no definite symptoms up to about the tenth day. From then till the thirtieth day, epilation, loss of appetite, malaise, fever, diarrhea, anemia and petechiae developed. Those receiving mild doses recovered unless they had other severe injuries or poor health.

The severe vomiting and intense diarrhea were particularly resistant to treatment. Many people died as the result of these gastrointestinal disturbances which led to dehydration and acidosis. Autopsies were done on individuals who had received various degrees of radiation injury, and the important pathologic changes were found in the bone marrow and lymphatic organs. There was almost complete disappearance of all cells of the myelopoietic and erythropoietic series. In all but the most severely irradiated patients regeneration of the bone marrow was evident within seven to ten days after the injury. The type of tissue which regenerated varied considerably, and it was frequently noted after three or four weeks that only macrophages, plasma cells and lymphocytes and very few definite cells were being formed. In other cases there was rapid development of white and red cell elements. The lymph nodes and lymphatic organs were badly damaged. Recovery was slow, and in many patients who died several months after the explosion, only a few adult type lymphocytes were found in the lymphoid tissue.[4]

Men who received enough radiation to produce symptoms did not have spermatozoa and most of the spermatogenic tissue was replaced by proliferating cells of Sertoli. Tissues of the female reproductive system were affected to a much smaller extent.[4]

The subject of persistent radioactivity was given special study. Direct measurements of persistent radioactivity were made at the time of the investigation. Calculations were made of the graded radiation dosage, namely, the total amount of radiation which could have been absorbed by one person. The calculations showed that the highest dosage which would have been received from persistent radioactivity at Hiroshima was between

6 and 25 r of gamma radiation; the highest in Nagasaki was between 30 and 110 r. In interpreting these findings it must be understood that to get these dosages, one would have had to remain at the point of highest radioactivity for six weeks continuously from the first hour after the bomb exploded.[2]

On the basis of rough estimates approximately 85,000 persons, or 30 per cent of the population in Hiroshima, and 50,000 persons, or 25 per cent of those in Nagasaki, required medical care on the day of the bombing.[2]

There was total disruption of transportation. Electricity, water and gas supplies were put out of commission. Hospitals were destroyed as well as other buildings, and those that were not destroyed suffered damage as the result of having their windows blown in and their equipment scattered about. The severe damage to the water supply system consisted of breaks in the large water mains and almost all of the distributing pipes in the areas which were affected by the blast.[2]

The Japanese were poorly equipped to take care of the injured. Most of the medical stores were depleted, and the treatment is reported to have consisted of vitamins, liver extract and an occasional blood transfusion.[1]

In both Hiroshima and Nagasaki the tremendous scale of the disaster largely destroyed the cities as entities. In addition to the huge number of persons who were killed or injured, a panic flight of the population took place from both cities immediately following the atomic explosions. One of the most significant effects of the atomic bomb was the sheer terror which it struck into the people of these bombed cities. This terror, resulting in immediate hysterical activity and flight from the cities, had one especially pronounced effect. Persons who had become accustomed to mass air raids had grown to pay little heed to single planes or small groups of planes, but after the atomic bombings, the appearance of a single plane caused more terror and disruption of normal life than the appearance of many hundreds of planes had ever been able to cause before.[2]

CONCLUSION

The atomic bomb explosion destroyed structures through a terrific blast wave that lasted almost a second. Injuries to people resulted from falling buildings and flying debris, from burning structures and from the radiation of ultraviolet rays and ionizing radiation. The severity of the injury produced by ionizing radiation in an individual was relative to his distance from the center of the explosion and, if he was under cover, to the type of building in which he was staying. It has been estimated that in Nagasaki the radiation intensity at a distance of 1,250 meters from the point of explosion was 473 r.[3]

It is believed that the mortality rate for all types of injuries could have been reduced if electrolite solutions, plasma, whole blood and penicillin had been available.

REFERENCES

1. Timmes, J. J.: Radiation Sickness in Nagasaki; Preliminary Report, U. S. Nav. M. Bull. 46:219-224 (Feb.) 1946.
2. The Atomic Bombing of Hirosbima and Nagasaki, Tbe Manhattan Engineering District.
3. Larkin, J. C.: The Distribution of Radiation in tbe Atomic Bombing of Nagasaki, Am. J. Roentgenol. 55:525-532 (May) 1946.
4. LeRoy, G. V.: The Medical Sequelae of the Atomic Bomb Explosion, J. A. M. A. 134:1143-1148 (Aug. 2) 1947.

354 Fourth Street, North.

The Scientific Department of The Journal

Reflects the Experience of You

and Your Colleagues

The Editor Invites Your Contributions

On Data of Notable Interest

Volume XXXIV
Number 11

Cervical Lesions—Diagnosis of Malignant Disease by Vaginal Smear

Lee T. Rector, M.D.
TAMPA

The purpose of this paper is to direct attention to a prevalent disease that is often neglected and to present a new method for diagnosing cancer in its early stages. It is hoped that interest may be stimulated in correcting the physician's attitude toward the disease and that many women may be spared much suffering, others possibly an early death.

Lesions of the cervix occur with greater frequency than elsewhere in the female anatomy and, if not entirely overlooked, too often receive inadequate care when found. An analysis of 3,167 private gynecologic cases during the past four and one-half years reveals disease of the cervix in 1,112 cases, or an incidence of 35 per cent. Simple erosions occurred in 727 cases, erosions with nabothian cysts in 222 cases, erosions with lacerations in 88 cases, cervical polypi in 35 cases, cancer in 22 cases, stenosis of the cervix in 14 cases and fibroid tumors of the cervix in 2 cases. Acute cervicitis and condylomata acuminata are intentionally omitted.

It appears that in the last few years lesions of the cervix are increasing in frequency, especially in the young married women and those that have recently been confined. In these groups one finds the disease in perhaps 50 per cent of the cases. One must keep in mind, however, that these are all gynecologic patients seeking relief, and this percentage would not apply to women in general.

Rarely are lesions seen before puberty. Their absence is perhaps due to the fact that the cervix and endocervix are covered with squamous epithelium which may act as a protective mechanism prior to the menarche. With the advent of the menses with its cyclic phases, changes rapidly take place. With marriage come infections, the use of contraceptives, douching with strong alkaline and caustic agents, stem pessaries, tampax and foreign bodies; with pregnancy the trauma of labor and injuries by forceps, and later the menopausal changes, all of which predispose the cervix to disease over a period of many years.

Since lesions of the cervix are so frequently encountered in women, some serious thought should be given prophylaxis against cervical malignant disease. It was suggested by Kennedy[1] that erosions of the cervix which often lead to a malignant condition be referred to as "pseudo-adenoma of the cervix" in order to direct attention to the malignant potentialities and lead to proper prophylactic care. He believed that by adequate repair of lacerations 95 per cent of later malignant disease can be prevented. Of recent years mention of cervical lesions perhaps makes physicians think first of malignancy, and this may be well, for not until we become cancer-conscious will we be able to detect cancer in the early stage, at which time it is most susceptible to treatment.

This author's study suggests the lack of understanding of the cancer program on the part of many women. The majority who still present themselves in the late stages of cancer explain that they were waiting for their menstrual period to cease, thinking the physician would not examine them while bleeding. The pallor and the unpleasant odor not infrequently betray the diagnosis even before the patient is put on the table. Others will give a history of having numerous diseases during the past ten years and having medical treatment, but not having had a vaginal or pelvic examination during the period. Here the physician overlooks a great responsibility as the patient is entitled to better care.

The approach to the problem of cure has been most discouraging, for while there has been a great improvement in treatment of uterine cancer, only a slight decrease in the death rate has occurred within the past twenty-five years. This has been due to the difficulty in making an early diagnosis.

During a course of study given at the University of Georgia which I attended last May, the pathologist made the statement that most women when presenting themselves for treatment of cancer of the uterus had had the disease from nine to twelve years. Here a monumental piece

Read before the Northeast Medical District Meeting, St. Augustine, Nov. 1, 1947.

of work has been done by Pund and Auerbach[2] upon preinvasive carcinoma of the cervix uteri. After surgical removal, 1,200 cervices were serially blocked, and microscopical sections were studied. In 47 cases preinvasive carcinoma was found, an incidence of almost 4 per cent. In no instance had cancer been diagnosed by gross appearance. The ages of the patients varied from 23 to 56 years. Six were in the third decade of life. The average age of the 43 from whom this information was obtained was 36.6 years. This would put the reproductive period as the time of onset of early cancer of the cervix.

The microscopic lesions were located on the gland-bearing portion of the cervical lining at the junction of the squamous and columnar epithelium. The authors concluded that most carcinoma of the cervix arises from the junctional endocervix. A concurrent study of early invasive carcinoma was also made, and the average age was established at 42 years. This indicated early invasion starts six years after the preinvasive phase and frank cancer may be delayed another six years. At Bellevue Hospital a case in which there was minimal histologic invasion was followed for seven years by Taylor and Guyer[3] before clinical carcinoma developed. By repeated vaginal examinations they were finally able to recognize the cancer before it had progressed beyond the cervix.

At other medical centers there have been cases in which carcinoma was suspected, but in which biopsy and curettage gave negative evidence for months or years, finally to become positive. If cancer is diagnosed in the preinvasive stage, the chances of cure are excellent.

Since carcinoma exists in the preinvasive and latent stages six to twelve years before the development of definite clinical symptoms, how can we detect it? Here the vaginal smear has much to offer. It was my good fortune in 1943 while at the New York Hospital (Cornell University) to meet and make a friend of Dr. George N. Papanicolaou. This was just prior to the publishing of his monograph on "The Early Diagnosis of Uterine Cancer by the Vaginal Smear." At that time he graciously consented to examine and has since examined smears done on my patients.

The method is simple, economical and highly accurate in diagnostic results. It is dependent upon the exfoliation or desquamation of cells from the epithelium lining the uterus and vagina. As with all body surfaces covered by epithelium, there is a constant shedding of the upper cell layer, later to be replaced by deeper cell layers which in their turn are shed. The superficial cell layers of all tumors of the uterus are also subject to continual exfoliation, and the exfoliation is proportional to the proliferative activity of the epithelium. A more pronounced exfoliation would, therefore, be expected in cancer than in normal epithelium. The cells that are shed mix freely with the vaginal fluid and are found singly and in clusters. Likewise, leaves discovered in a stream not only prove the presence of trees in the vicinity, but present definite characteristics of the species growing there.

Papanicolaou and Traut[4] stated: "While all cancers shed their cells, the rate of exfoliation is somewhat variable and the number of malignant cells found in the vaginal smear depend upon the type of growth, its stages of development and the existence and amount of blood being discharged from the uterus. The adenoma malignum, a slow shedding cancer when located in the fundus of the uterus, in the absence of bleeding may be missed by the vaginal smear. Obviously fluid obtained from the endocervix and endometrium offers greater chances for finding the malignant cells in this type of case." A cannula therefore has been devised by Dr. Cary of Cornell for obtaining fluid from these sources.

The greatest advantage of the vaginal and endometrial smear is that it presents positive evidence of early malignant disease before the appearance of any definite clinical symptoms. Due to its simplicity the smear can be taken in any office and with little equipment; in fact, the patient can be shown how to obtain vaginal smears from herself. The method is inexpensive and can be repeated at desirable intervals.

It is indicated in patients under 40 years of age whose symptoms are in question but not indicating curettage. In all postmenopausal bleeding when there is no visible lesion, it should precede curettage; in cervical lesions slightly suggestive of malignant change, it should precede cautery or conization, at which time a biopsy is taken. It should be used in all cases of vaginal bleeding when the cause cannot be explained. Also, it is useful in following the results of radiation therapy, and finally it should be used in all cases of suspected malignant disease.

It is not intended that the vaginal smear replace the biopsy or curettage, but that it sup-

plement or precede them. There are cases in which the vaginal smears were definitely positive when repeated curettage failed to reveal the malignant changes which were later found upon the removal of the uterus.

Accuracy of the method can be derived from reports of the three men who have done practically all the work prior to 1946. Meigs[5] at Massachusetts General Hospital reported an error of 10 per cent in endometrial carcinoma and 4 per cent in cervical carcinoma. Ayre[6] at McGill University reported a 6 per cent error in proved carcinoma. Papanicolaou[7] formerly reported a 9.3 per cent error in primary carcinoma of the uterus and 3.2 per cent failure in demonstrable lesions of the cervix. Since the specimen has been obtained from the endocervix and endometrium, his error in endometrial cancer has been decidedly reduced.

Precautions[4] prior to taking the smear are: Do not disturb the vaginal contents by examination or treatment. Douching or bathing should be avoided as it will dilute or wash away the cellular deposits for several hours. In the presence of much fluid or blood several smears should be made as dilution has occurred, making it difficult to locate the malignant cells. The name and number of the patient and the dates on which smears are taken should be marked in advance on the slides with a diamond pencil. Now that smears are obtained from the endocervix, endometrium and vagina, the letters e.c., e.m. and v. signify the source from which the fluid is obtained. Smears can be preserved in the fixing fluid for about one week.

The method of taking vaginal smears is as follows: A slightly curved glass tube 6 inches long and 1/5 inch in diameter with a rubber bulb attached for suction is introduced in the posterior fornix. The bulb, having been compressed, is now released, aspirating vaginal fluid into the tube as it is moved from one vaginal fornix to the other. The pipet is then withdrawn, and with explosive pressure on the bulb the contents are deposited on a clean glass slide. The pipet is then used for evenly spreading the material as one would in making a malarial smear. Immediately the slides are dropped into a solution of equal parts of 95 per cent alcohol and ether. Drying the smears should be carefully avoided as it results in loss of sharp outlines of the cells and in change of their staining reactions.

The endocervical and endometrial smears are not so easily obtained, and the procedure should never be carried out in the presence of infection or a possible pregnancy. With a short vaginal speculum in place, one takes the Cary cannula attached to a 10 cc. glass syringe and gently introduces the curved metal cannula through the endocervix into the uterine cavity. With suction created by the syringe the cannula is carefully withdrawn. The contents are deposited on the the slide and fixed and stained exactly as in the vaginal smear. I have broken the tip from many 10 cc. syringes and now apply the rubber bulb used on the vaginal tube to the cannula for making the endometrial smear. Doing so necessitates the assistant maintaining pressure on the bulb while one introduces the cannula.

For shipping the slides a round bottle 1 1/2 inches in diameter and 3 inches in length with screw top will be adequate for two slides. A paper clip on the end of the slide will prevent rubbing one against the other.

Since ether and alcohol form inflammable material rejected by the mails, a method facilitating an early report was desirable. To Dr. Ayre of McGill is, I believe, due the credit for the glycerine method. An applicator tightly wrapped on one end with cotton is introduced 3/4 of an inch into the cervix, then rotated and withdrawn. The applicator is now rolled over the clean glass slide, which is immediately dropped into the alcohol and ether mixture for ten minutes for fixing. The slides are removed, and as soon as they are dry, a few drops of glycerine are placed on the slides with faces together. They can be mailed in the usual malarial slide containers.

Recent publicity of the vaginal smear method by lay magazines is likely to create a demand for its extensive use. Unfortunately, few men are trained for interpretation of the smears. It is estimated that it would take a pathologist well trained in tissue diagnosis of cancer about one year to master the cytology of the vaginal smear. Naturally few have responded to this training. Let us not build up a demand for this excellent method of diagnosis beyond that which pathologists can meet until enough have learned the method, and thus cause it to drop into disrepute because of errors in diagnosis. It was only after years of persistent effort of Dr. Papanicolaou that the technic was mastered and accepted by the pathologist and surgeon as accurate and reliable.

SUMMARY

Lesions of the cervix are frequently encountered. They should be treated, repaired or removed without delay.

Preinvasive cancer occurs during the reproductive period. This is the stage in which practically all cases are curable.

The vaginal smear method of Papanicolaou is reliable for diagnosing cancer of the uterus in the preinvasive or early stage.

REFERENCES

1. Kennedy, J. W.: Prophylaxis Against Cervical Malignancy, Virginia M. Monthly 73:51-52 (Feb.) 1946.
2. Pund, E. R., and Auerbach, S. H.: Preinvasive Carcinoma of the Cervix Uteri, J. A. M. A. 131:960-963 (July 20) 1946.
3. Taylor, H. C., Jr., and Guyer, H. B.: A Seven-Year History in Early Cervical Cancer, Am. J. Obst. 52:451-455 (Sept.) 1946.
4. Papanicolaou, G. N., and Traut, H. F.: Cancer of the Uterus; Vaginal Smear in Its Diagnosis, California & West. Med. 59:121-122 (Aug.) 1943.
5. Meigs, J. V.: The Early Diagnosis of Carcinoma of the Uterus, Tr. & Studies Coll. Physicians, Philadelphia 13:73-77 (June) 1945.
6. Ayre, J. E.: Vaginal and Cervical Cytology in Uterine Cancer Diagnosis, Am. J. Obst. 51:743-750 (June) 1946.
7. Papanicolaou, G. N.: Diagnostic Value of Exfoliated Cells from Cancerous Tissues, J. A. M. A. 131:372-378 (June 1) 1946.

1020 Citizens Building.

Medical Management of Essential Hypertension

Milton S. Saslaw, M.D.
MIAMI BEACH

Of late, the medical literature is replete with discussions of the surgical treatment of hypertension. Attempts have been made to delineate the indications for such surgery, and in certain cases, surgery offers the only hope for survival. In a general way, however, contraindications are clearer than indications. There is a growing resistance to surgery. Except in malignant hypertension, many physicians are loath to advise radical treatment. Unfortunately, in many cases studied for years the patient does not attain the benefits promised, and the damage of the hypertension continues and progresses despite relief from symptoms.

Whether anything new can be added to the present day therapy of hypertension by medical means is questionable. Suffice it, therefore, for the present work to review briefly a practical method for handling cases of hypertension. There will be no attempt to discuss such therapeutic measures as pituitary extracts, radiation therapy, tetraethyl ammonium halogens and dibenzyl beta chlorethyl amine. These approaches may eventually prove to be the boon of medical therapy, especially some pituitary or adrenal extract. There is, however, so much research yet to be done in these fields that long discussion at this time would be fruitless.

In the practical management of hypertension, the first step is an adequate history and physical examination. Though the major proportion of hypertensive cases is in the essential and arteriosclerotic groups, there are occasional cases that fit into other categories, and the management of these rarer cases depends on their exact nature. Thus, it would be of little avail to treat an aortic insufficiency with hypertension as an essential hypertension. If the rare condition of pheochromocytoma is discovered, the patient can be cured by removal of such a tumor. The hypertension of thyrotoxicosis responds to thiouracil or surgery. No attempt is here made to enumerate all the causes of hypertension, but the few mentioned serve as an indication, first, of the fact that there are other forms of hypertension, second, that these other forms are comparatively rare, and third, that therapy depends on the specific type of hypertension present.

Assuming, then, that the history and examination fail to reveal any other cause and the diagnosis is essential hypertension, what is to be done for the patient? On this subject, textbooks have been written; so only sketchy remarks will here be considered. When the treatments for a disease are legion, there is no single satisfactory method of handling that disease. The present discussion will be divided into three major sections, mental factors, the use of drugs, and diet. If any points are mentioned which will make it easier for the practicing physician to handle his average case,

Presented before the Staff of St. Francis Hospital, Miami Beach, Oct. 27, 1947.

the purpose of this paper will have been accomplished.

MENTAL FACTORS

Mental factors are of great importance in essential hypertension. First, it is worthy of note that many patients whose condition has previously been diagnosed as hypertensive will come to the physician expressing great concern about the actual level of the blood pressure. Should such a person be told his pressure? Here, as throughout the remainder of this paper, it will be noted that no positive generalizations can be made. Each patient is an individual unto himself, and no two people respond in the same way. It is wise for the physician who sees a hypertensive person for the first time not to tell that patient more than is absolutely extracted from him. It is much more prudent for him to attempt to ascertain the basic personality of such a patient, so that he may be better able to guide him with the proper type and amount of information for that individual patient.

Thus there are some patients who have been told their systolic and diastolic levels with benefit. They have been able to use such levels as guides to the degree of activity and aggravation they permit themselves. They are intelligent and seem reasonable. There is, however, a hidden danger, for the bold individual who states he does not really care about what his level is, that it really does not worry him, is frequently engaging in braggadocio as a subterfuge for his true worry in this regard. It is therefore permissible for the physician to allow himself a white lie and tell the patient, should he insist on having a figure for his tension levels, that his pressure is considerably lower than it actually is. On the other hand, this action is also fraught with some undesirable features, notably the fact that some patients, being told they have a level that is normal or near normal, will assume a false sense of security. It may then be difficult for the physician to enforce any type of restricted regime he may desire.

What then, should the physician do? After ascertaining the individual patient's lability as well as possible, I have usually established a level for that patient. On subsequent visits, especially if there is improvement, such a patient is buoyed by the knowledge that the pressure has fallen. It is frequently wise to establish a goal, at which you explain that it will be satisfactory to maintain the patient, in relative safety. It is not unwise to establish this level a little higher than anticipated, so that if the pressure fails to fall to the desired level, you will have at least reached the level mentioned to the patient. And if the pressure reaches the anticipated level, the patient will acquire greater mental uplift from the knowledge that his pressure actually went lower than expected.

Secondly, it is essential to ascertain any particular worry or aggravation that may be annoying an individual patient. This is not an easy undertaking and may require many sessions before the true facts can be elicited. Some trivial condition or circumstance may be responsible for untold grief for one who is a sensitive person. The aggravating fact may be so minor that the physician neglects to give any cognizance to the matter at all. Here the internist is treading heavily on the soil of the psychiatrist. It is known that much in internal medicine is subject to influences in the psychic sphere. In a consideration of hypertension, it is, however, better for the patient if he is kept under the supervision of the internist rather than the psychiatrist. At the present time, there is still a great cloud, an embarrassed feeling, an unconscious resentment of the average person against psychiatric care. Furthermore, the well trained internist is as capable of giving good medical care to the hypertensive patient as is the psychiatrist. If the internist feels that he cannot reach the problem of the individual patient, then it behooves him, by whatever subterfuge may be required, to enlist the assistance of the psychiatrist at least to the point of delving into psychic cause of upset.

Thirdly, a most important consideration in the treatment of the hypertensive patient from the emotional point of view is the doctor-patient relationship. This is a matter of importance in all medicine, but in the treatment of hypertension it is particularly significant. There is the patient who walks into the doctor's office, and the doctor has such an effect on him that the blood pressure immediately rises to undue heights. In the Army, it was found advisable, in checking suspected hypertensive persons, to have the blood pressure checked repeatedly by the same trained orderly or nurse, rather than by the doctor himself. Unsuspected pronounced differences were observed when the physician would occasionally check a patient. If the physician finds that his patient bears some resentment against him—a resentment

the patient may not consciously know—it would be far wiser to send such a patient to a physician with whom he would have greater rapport. On the other hand, after taking an initial blood pressure reading in a particular case, the physician may find on subsequent visits that the pressure has dropped materially with little if any medication. This is an indication of confidence of the patient in the physician.

Finally, emphasis is laid on the necessity for treating each patient as an individual. All rules and generalizations are not hard and fast, and what may be just the wrong thing for one patient may be exactly correct for the next. One patient needs a great deal of rest, and the next requires constant work or a full program of activity, be it mental or physical, to keep his mind from his condition. It is not good policy to treat all patients in an identical manner, for sooner or later they compare notes. If they find that all receive exactly the same medications and instructions, they are hurt; their identity has been dealt a severe blow.

When a patient insists on detailed information as to blood pressure level, and when it is deemed advisable to be specific with such a patient, it is often wise to exaggerate the truth a bit. Some people will ask what the dangerous level is. To this query the true reply is that there is no fixed point below which a stroke is not going to occur, and above which its likelihood is greater. As a working rule of thumb, however, I frequently tell patients that a level under 200 systolic is reasonably safe. This is comforting if the blood pressure of the patient under consideration is in the neighborhood of 190. I believe that a patient usually requires active medication when the pressure reaches this level or beyond. At the same time, it is explained that cerebral and cardiac accidents may occur with the pressure below 200 and may not occur with it above this level, but from a safety and average standpoint, it is better to keep check on this level. It is also indicated that a level of 180 or less is safe enough to maintain in a patient continuously. If a patient has a blood pressure on first or second examination of 200 or 210, it may be expected that with minimal therapy that level will drop to 180 or less. Then, should the pressure actually fall to 170 or 160, the patient is greatly elated and has renewed confidence in his own vascular tree.

Many patients have heard or read about the wonderful results being obtained by surgery in hypertension. They present the problem to the physician for his advice and guidance. Many, indeed most patients with hypertension are beyond the age limits advised for such surgery, and this therapeutic procedure is immediately eliminated. In this major group alone, therefore, the need for medical treatment still remains of paramount importance. This must be explained explicitly and in great detail to the inquiring patient, for though he has probably already decided not to undergo so formidable a procedure, he likes to have such a procedure held in abeyance for him should his condition ever warrant such drastic treatment.

DRUGS

It is not the intent of this report to discuss in detail the myriad of specific and nonspecific medications that have at one time or another been prescribed. White[1] has an interesting array listed in his masterpiece on heart disease, and I refer you to this for a complete discussion of this point. Drug therapy for hypertension can best be divided into two major groups, the sedatives and "specifics." Among the sedatives, there is a host from which to choose. Nearly all are barbiturates, and there may be occasion when it is advisable to change from one to the other. Some patients require a constant succession of medication to get continued results. Also, if there is fear of addiction, it might be advisable to make such changes as are essential to prevent this occurrence. The use of bromides and chloral or paraldehyde might be considered, but prolonged use of bromides is not without danger. As a general rule, for the sedative requirements of hypertension, I constantly revert to phenobarbital, usually in small doses, either ¼ or ½ grain, from one to four times a day. Ordinarily, at the inception of treatment, this drug is given in moderate doses, but shortly afterwards, it is reduced to minimum effective doses.

As for specific drugs, there are none. The xanthines, papaverine, nitroglycerin and other vasodilators have been tested time and again, and all reports to date leave much to be desired as to positive evidence of the efficacy of any. The general trend today is toward thiocyanates. This is not a new method of treatment, and even many years ago was found to be helpful, but the dangers attendant upon its use for a long time precluded it from the average physician's armamentarium. Today, however, there is a small kit available for

determining the blood level of thiocyanate, and a level up to 12 mg. per hundred cubic centimeters is safe enough to warrant the return of this drug to its place in active treatment. I have not been entirely satisfied with this method of determining blood levels and get more accurate determination by means of the electric photometer. Should such an instrument not be readily available, however, the quick simple procedure of using the small kit is adequate enough to permit the use of thiocyanate in most cases. The drug is not universally successful, nor can it be used in every case, because even in small dosage with a blood level below 12 mg., there may be signs of sensitivity, such as drug eruption and gastrointestinal disturbance. There may be mental symptoms or swelling of the thyroid.

There is a variety of methods of giving the drug. A simple one is to prescribe it in 3 grain tablets of potassium thiocyanate. This may be given in doses of three such tablets a day for three days. It is then wise to determine the blood level and guide further dosage by the result of this determination, as well as by the effect produced. Thus, a level of 12 mg. is a maximum safe level. There are, however, many patients who get the desired results, such as lowering of the blood pressure and relief of headache, at a level of only 6 mg. It goes without saying that the dose need only be great enough to produce the desired effects, and no greater than the maximal level. In case signs of toxicity develop, the dosage may be decreased or stopped depending on the nature and degree of these signs. It is best to determine the blood level of the thiocyanate every five to seven days until a maintenance dosage is worked out, and then at increasing intervals as conditions permit. As has been mentioned, the effectiveness of the drug is not necessarily proportional to the concentration in the blood. There will be a group of patients who, after a month or two of therapy with this drug at a maximal level of concentration, will show neither subjective nor objective improvement. Continued administration is useless. Nevertheless, it might be worth a trial in an occasional case to allow a few months to elapse and then try the drug again.

DIET

Recently the role of diet in hypertension has gained considerable prominence. The diet of Schemm, the acid-ash diet, was originally designed for use in congestive heart failure. The rice-fruit diet of Kempner[2a] was described for hypertension, and in successive publications its effectiveness was shown to be astonishingly great.[2b] Since that time patients have flocked to Duke University for "the treatment." Many of your patients and mine have gone there. Whether this diet is effective or not is now subject to considerable question. In either event, the usefulness of a diet of such restricted variety is limited because it imposes undue hardships on the patient. In the experience of each of us who has used this diet, there has been a patient who initially was elated with the rice-fruit diet because of the intense liking for this food. Before a week of three meals a day of rice has passed, this patient can, however, no longer tolerate such an exclusive diet. According to the method of Kempner, a patient is kept on this restricted diet for a few months, until he shows improvement sufficient to warrant extension. Most of the patients I have attempted to treat according to this regime have balked and refused to remain on the diet. Some modification was therefore indicated.

In 1945, Grollman and his co-workers[3] worked out a diet based on actual sodium levels. In fact, it has been reasoned by some workers that the benefits that accrue from the rice-fruit diet are due to its low sodium content. Grollman and his co-workers[3] found that this diet was effective in animals. They then tested a group of 6 patients on this new regime. Three were listed as being markedly improved, two somewhat better, and one was not helped. Other workers in this field are divided as to whether the diet is effective or not. As yet, no large series of cases has been thoroughly studied and reported, and all opinions are purely impressions rather than scientifically controlled facts. Yet it seems advisable to utilize a diet of this type for several reasons. A good, palatable, adequate diet can be prepared. While there is restriction, there is sufficient variety to permit a patient to remain comfortably on the diet permanently.

The idea of a salt-free or low sodium diet is basically not new. Comparatively recently it has been determined that it is rather the sodium ion than sodium chloride that must be restricted. As for dietary preparation, it was a difficult procedure to determine sodium content of food until very recently. The older chemical methods of analysis are long drawn out procedures, frequently taking the better part of a day for a single determination. In addition, these

methods are loaded with pitfalls, and the results are unreliable. Determination of the small quantities present is next to impossible by these methods. About a year ago, the flame photometer improved the technic for the study of sodium and potassium. By this method it is possible to make speedy and accurate determinations when minute amounts of sodium are present. Within the past month or two, a new development, the Beckman spectrophotometer, has appeared on the market, and this instrument may still further improve the accuracy and ease with which estimations may be made. Also, within this time, it was shown that accurate quantitative sodium analysis on very small quantities of sodium could be performed by polarography.

Though salt-free diets have been utilized for many years, it was thought that reduction to an intake of 1 Gm. a day should be adequate for great improvement. This regimen proved to be frequently disappointing. Only recently has it been shown that such restriction is likely to be beneficial only when the reduction is to less than half a gram per day. This is a very small amount of salt daily and in hot weather may occasionally result in muscle cramps and gastrointestinal upsets. If a patient is maintained on such a low sodium diet for any prolonged period, it may occasionally be necessary to give him added salt to relieve the symptoms of depletion. If these symptoms are not too acute or severe, the salt can be given as common table salt added to the diet, usually being given in an amount of a quarter to half a teaspoonful. Such a dose may again last a patient for a month or more.

As for the actual constituents of such a diet, these can be found in Grollman's article,[3] or can be prepared by a dietitian from a master list of sodium contents of the various foods. The diet consists of fruits, vegetables, cereals and small allowances of meat. Grollman's diet is drawn up for a week's period, allowing three meals a day. The basic component, for the purpose of providing adequate caloric intake, adequate vitamins and sufficient protein, is milk, recommended to be taken in the amount of a quart and a half a day. Since whole milk contains 40 to 50 mg. of sodium per hundred cubic centimeters of milk, 1,400 cc. of milk contains 560 to 700 mg. of sodium, or more than the 500 mg. permitted. To circumvent this difficulty, dialyzed milk is given. This is prepared as a powdered milk. When reconstituted with water, it contains about 1 mg. of sodium per hundred cubic centimeters of milk. Approximately 4 quarts of milk can be reconstituted from a pound of powder, and the cost to the patient is in the neighborhood of 75 cents per quart. Another important factor in the diet is bread. Many people use bread as their basic food. Salt-free bread has been prepared. For the past two years this bread could be purchased in Boston, and one of the chains there is now handling this item. Recently, other bakeries in other cities have begun to market salt-free, soda-free bread, and recipes are available for home preparation of this product.

Finally, many people, especially those accustomed to large quantities of salt, find the palatability of their food impaired by the lack of salt. For these, many salt substitutes have been prepared. Eka sol has been used widely, as well as potassium chloride either alone or in combination with other nonsodium salts. Recently, neocurtasal has appeared on the market, and most patients favor this product. The patient is instructed not to use this salt in cooking, but to season his food to taste after cooking.

After having brought the hypertensive patient to this stage in his care, the question arises when the patient should be seen again, and how often such visits should occur. Here again there can be no generalization. Each individual must be considered individually. First, does the physician believe the patient is in imminent or relatively imminent danger because of the height of the blood pressure, because of a sudden rise or a sudden fall in blood pressure? Second, is it deemed feasible to carry out complete laboratory studies on the patient? Third, is it a routine check-up, and is the patient's condition good? Fourth, what is the emotional makeup of the individual? Does he gain comfort and confidence by the visit to the physician? By previous knowledge of the patient, how frequently does he require such reassurance? Must his life, at least as regards his physical health, have to be prescribed for him? Thus it is apparent that in one case it may be incumbent upon the physician to order a patient to return in three days' time, or a week, or a month, and in the case of another patient to state that his condition is favorable, and if he will follow the simple rules prescribed, it will not be necessary for him to return for any scheduled visit. If the proper physician-patient relationship has been established, and if the patient has confidence in the physician, the physi-

cian need not worry about the patient's return, for when such a patient again feels the need for visiting a physician he will return to his doctor.

SUMMARY

It is pointed out that though surgery has stolen the stage as the sensation of the season in the treatment of hypertension, there is still ample room for medical management in a great many cases. The importance of history and physical examination are briefly mentioned. No attempt is made to discuss the subject of management in great detail, and most of the controversial subjects have been avoided. The use of such drugs as tetraethyl ammonium halogens, which have thus far been disappointing in hypertension, and dibenzyl beta chlorethyl amine, is left for future discussion when more information is available. The main considerations presented are the mental factors concerned in the treatment of hypertensive patients, emphasizing the possible methods of discussing blood pressure levels, the necessity for search for the aggravating features in any particular case, and the creation of proper doctor-patient relationship; drug therapy, with pointed comment on the use of the barbiturate sedatives and thiocyanates; and diet, with an attempt to sketch easy methods for obtaining desired results. The use of a modified Grollman diet, one constructed to yield 500 mg. or less of sodium daily, with the elaboration of a soda-free bread and milk with a low sodium content is encouraged. It is realized that such a diet may have no specific action in reducing blood pressure, as may be proved scientifically in controlled studies in the future. If, however, for no other reason than to place a patient on a set regime and to emphasize the psychogenic effects, this diet is suggested, for it has proved of benefit in my experience.

REFERENCES

1. White, P. D.: Heart Disease, ed. 3, The Macmillan Company, 1944, p. 446.
2. (a) Kempner, W.: Treatment of Kidney Disease and Hypertensive Vascular Disease with Rice Diet, North Carolina M. J. 5:125-133 (April) 1944; 5:273-274 (July) 1944; (b) Compensation of Renal Metabolic Dysfunction; Treatment of Kidney Disease and Hypertensive Vascular Disease with Rice Diet, ibid. 6:61 (Feb.) 1945; 6:117 (March) 1945.
3. Grollman, A.; Harrison, T. R.; Mason, M. F. (Ph.D.); Baxter, J.; Crampton, J., and Reichsman, F.: Sodium Resection in Diet for Hypertension, J. A. M. A. 129:533-537 (Oct. 20) 1945.

605 Lincoln Road.

ABSTRACTS OF MEDICAL ARTICLES

PROBLEMS IN THE SURGICAL MANAGEMENT OF HIP FRACTURES. By Robert C. Lonergan, M.D. South. M. J. 40:605-608 (July) 1947.

The author doubts that there is a greater percentage of successful results in the management of hip fractures today than there was early in the century. He concurs in the conservative estimate of Key and Conwell, who state that the mortality among patients with femoral neck fractures ranges from 10 to 20 per cent, that union may be expected in from 40 to 60 per cent of patients who do not die, and that even with union there is a considerable disability from late absorption of the head.

He believes that internal fixation of fractures of the femoral neck has slightly increased the percentage of healing and has added a tremendous improvement in the methods of treatment of the patient, thereby reducing the period of disability and probably reducing the rate of mortality. He points out, however, that the fixed problems peculiar to this type of fracture still remain. In certain types of hip fracture which are unfavorable for healing, the author reluctantly concludes that he would prefer to do the reconstructive procedure immediately, eliminating the period of internal fixation. The trochanter fracture can, for the most part, be simply treated, he observes, with Russell traction or a cast or the Roger Anderson well-leg traction splint.

The mechanical problems are often augmented by other factors, the first consideration always being the general condition of the patient. Fracture in the region of this most important weight-bearing joint in the body, it is noted, occurs as a rule in elderly persons and in women six times more frequently than in men; too, the senile patient often has in addition to fragile bones, decreased elasticity and some osteoporosis, the additional complication of cardiovascular and renal changes.

ANESTHETIC ACCIDENTS. By Ralph S. Sappenfield, M.D., and John Adriani, M.D. South. M. J. 40:455-461 (June) 1947.

The commonest and most obvious hazards of anesthesia, especially in relation to deaths resulting from anesthetization, or "anesthetic accidents," are presented. Most anesthetic deaths are preventable, it is pointed out, when certain significant prodromal signs are recognized. Failure to observe and heed warning signs is not necessarily due to thoughtlessness or neglect, but rather to a lack of knowledge of the science of anesthesiology, the authors indicate. Unless one who administers anesthetics has knowledge of human physiology and of the pharmacology of anesthetic drugs and is familiar with disease, and how it is affected by the drugs, surgery and other factors, he is termed merely a technician and not an anesthesiologist.

It is pointed out that many anesthetic accidents from inhalation anesthesia occur during the induction period, while approximately half the anesthetic deaths occur during the immediate postanesthetic period. Anesthetic accidents also occur during intravenous and spinal anesthetization. Asphyxia from one cause or another is listed as the most frequent cause of death from inhalation anesthesia; it also is noted as the greatest hazard of intravenous anesthesia. Death from spinal anesthesia in most cases is caused either by respiratory paralysis or circulatory failure, it is observed. The various hazards of anesthesia are illustrated in the reports of 7 surgical cases.

PRIMARY HYPERTROPHY AND HYPERPLASIA OF THE PARATHYROID GLANDS ASSOCIATED WITH DUODENAL ULCER, REPORT OF AN ADDITIONAL CASE, WITH SPECIAL REFERENCE TO METABOLIC, GASTROINTESTINAL AND VASCULAR MANIFESTATIONS. By H. Milton Rogers, M.D., F. Raymond Keating, Jr., M.D., Carl G. Morlock, M.D., and Nelson W. Barker, M.D. Arch. Int. Med. 79:307-321 (March) 1947.

These authors report a case in which pronounced clear cell hyperplasia of the parathyroid glands and primary hyperparathyroidism were associated with healed duodenal ulcer. Since this case represents the third instance in which the association of probable hyperparathyroidism and peptic ulcer was observed at necropsy during one year at the Mayo Clinic, it is suggested that this association may not be one of chance.

The weight of the parathyroid glands, 47.56 Gm., is the greatest recorded in instances of primary hypertrophy and hyperplasia. Peripheral gangrene was a terminal event and death resulted from renal insufficiency secondary to nephrocalcinosis. Also disclosed at necropsy were pancreatic lithiasis, mild osteitis fibrosa cystica, and an unusual type of necrosis of arterial walls, with intimal calcification, which apparently was responsible for the gangrene of the peripheral parts. Gastrointestinal symptoms were presumed during life to be due entirely to ulcer, but appeared in retrospect to have been manifestations of severe hyperparathyroidism.

AN ATTEMPT TO FORESTALL ACUTE CORONARY THROMBOSIS. By E. Sterling Nichol, M.D., and David W. Fassett, M.D. South M. J. 40:631-637 (August) 1947.

The authors find that acute coronary thrombosis can be treated with dicumarol with very satisfactory results. Five patients with multiple attacks of coronary thrombosis were given dicumarol for a period of six to thirty-two months in an attempt to forestall additional acute attacks. Although one patient suffered a fatal attack, he was not properly dicumarolized at the onset of the terminal attack due to his own laxity; autopsy studies revealed no ill effect from long-continued use of dicumarol, and extensive myocardial fibrosis and ventricular aneurysm were found, as relics of his earlier attacks. An unexplained decrease in anginal pain was noted by all of these patients while they were under treatment except in the instance of the terminal attack suffered by the one patient.

While no conclusion as to the value of dicumarol in the prevention of acute coronary occlusion can be drawn from the experiences of this small group of patients, the authors believe that the results of therapy with this drug justify further clinical trial. They conclude that the procedure is rational and is safe if carefully performed prothrombin time determinations are made at frequent intervals. They urge that no physician use dicumarol unless he has a very competent laboratory available for the prothrombin time studies and unless he is willing to have the tests made frequently.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

JOSEPH S. STEWART, M.D., President.....*Miami*
WALTER C. PAYNE, M.D., President-elect.....*Pensacola*
HERBERT E. WHITE, M.D., 1st Vice Pres. ..*St. Augustine*
HORACE A. DAY, M.D., 2nd Vice Pres.....*Orlando*
REDDIN BRITT, M.D., 3rd Vice Pres.....*St. Augustine*
ROBERT B. McIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

DUNCAN T. McEWAN, M.D., Chm...B-49.....*Orlando*
CHAS. L. FARRINGTON, M.D...AL-49.....*St. Petersburg*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
ROBERT T. SPICER, M.D...D-52.....*Miami*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D...PP-50.....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
WALTER C. PAYNE, M.D. (Ex Officio).....*Pensacola*
ROBERT B. McIVER, M.D. (Ex Officio).....*Jacksonville*
HERBERT L. BRYANS, M.D...S.B.H.-49.....*Pensacola*
STEWART G. THOMPSON, D.P.H. (Advisory)...*Jacksonville*

SCIENTIFIC WORK

CHAS. J. COLLINS, M.D., Chm...AL-49.....*Orlando*
DANIEL A. McKINNON, M.D...A-49.....*Marianna*
FREDERICK K. HERPEL, M.D...D-50.....*West Palm Beach*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
JAMES L. BORLAND, M.D...B-52.....*Jacksonville*

LEGISLATION AND PUBLIC POLICY

W. DUNCAN OWENS, M.D., Chm...D-52.....*Miami Beach*
PAUL J. COUGHLIN, M.D...AL-49.....*Tallahassee*
THOMAS H. BATES, M.D...A-49.....*Lake City*
HAROLD D. VAN SCHAICK, M.D...B-50.....*Miami Beach*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. McIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

THOMAS C. KENASTON, M.D., Chm...B-52.....*Cocoa*
FREDERICK W. KRUEGER, M.D...AL-49.....*Jacksonville*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*
JASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-49...*Jacksonville*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
FRANCIS T. HOLLAND, M.D...A-52.....*Tallahassee*

NECROLOGY

REDDIN BRITT, M.D., Chm...B-51.....*St. Augustine*
JOSEPH J. RUSKIN, M.D...AL-49.....*Tampa*
THOMAS W. TAYLOR, M.D...C-49.....*Sarasota*
THOMAS O. OTTO, M.D...D-50.....*Miami*
CHARLES H. DAFFIN, M.D...A-52.....*Panama City*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
JACK Q. CLEVELAND, M.D...AL-49.....*Coral Gables*
E. STERLING NICHOL, M.D...D-49.....*Miami*
GEORGE L. COOK, M.D...C-50.....*Tampa*
WILLIAM C. ROBERTS, M.D...A-52.....*Panama City*

CANCER CONTROL

ALFRED G. LEVIN, M.D., Chm...AL-49.....*Miami*
CHAS. J. COLLINS, M.D...B-49.....*Orlando*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
HAROLD O. BROWN, M.D...C-52.....*Tampa*

MEDICAL ECONOMICS

JOHN D. MILTON, M.D., Chm...AL-49.....*Miami*
JOSEPH H. RUTTER, M.D...B-49.....*Daytona Beach*
HARRISON A. WALKER, M.D...D-50.....*Miami*
HAROLD O. BROWN, M.D...C-51.....*Tampa*
MERRITT R. CLEMENTS, M.D...A-52.....*Tallahassee*

VENEREAL DISEASE CONTROL

JACK A. McKENZIE, M.D., Chm...AL-49.....*Miami*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
WILEY M. SAMS, M.D...D-50.....*Miami*
JAMES L. ESTES, M.D...C-51.....*Tampa*
FRANK J. PYLE, M.D...B-52.....*Orlando*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
REAVES A. WILSON, M.D...AL-49.....*Sarasota*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L. LANCASTER, M.D...C-51.....*Bartow*
J. POWELL ADAMS, M.D...A-52.....*Panama City*

TUBERCULOSIS AND PUBLIC HEALTH

ALVIN L. STEBBINS, M.D., Chm...A-52.....*Pensacola*
ROBERT F. MIKELL, M.D...AL-49.....*Miami*
LOUIE LIMBAUGH, M.D...B-49.....*Jacksonville*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

LLOYD J. NETTO, M.D., Chm...D-49.....*West Palm Beach*
EDWARD H. WILLIAMS, M.D...AL-49.....*Miami*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
EDGAR WATSON, M.D...C-51.....*Lakeland*
WILLIAM D. ROGERS, M.D...A-52.....*Chattahoochee*

MATERNAL WELFARE

HAROLD G. NIX, M.D., Chm...AL-49.....*Tampa*
S. CARNES HARVARD, M.D...C-49.....*Brooksville*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*
RICHARD F. STOVER, M.D...D-51.....*Miami*
E. FRANK McCALL, M.D...B-52.....*Jacksonville*

CHILD HEALTH

WARREN W. QUILLIAN, M.D., Chm...D-50.....*Coral Gables*
GUNNARD J. ANTELL, M.D...AL-49.....*Coral Gables*
LUTHER W. HOLLOWAY, M.D...B-49.....*Jacksonville*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
EGBERT V. ANDERSON, M.D...A-52.....*Pensacola*

CONSERVATION OF VISION

NATHAN S. RUBIN, M.D., Chm...A-52.....*Pensacola*
ORVILLE N. NELSON, M.D...AL-49.....*St. Petersburg*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
JOSEPH W. TAYLOR, M.D...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

J. LLOYD MASSEY, M.D., Chm...A-52.....*Quincy*
WHITMAN H. McCONNELL, M.D...AL-49...*St. Petersburg*
ANNETTE M. FEASTER, M.D...C-49.....*St. Petersburg*
EDGAR W. STEPHENS, JR., M.D...D-50...*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51.....*DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

JULIUS C. DAVIS, M.D., Chm...A-52.....*Quincy*
L. WASHINGTON DOWLEN, M.D...AL-49.....*Miami*
FRANK L. FORT, M.D...B-49.....*Jacksonville*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

HERMAN WATSON, M.D., Chm...AL-49.....*Lakeland*
First—WILLIAM P. HIXON, M.D...1-50.....*Pensacola*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—CHARLES C. GRACE, M.D...3-50....*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—H. QUILLIAN JONES, M.D...6-50.....*Ft. Myers*
Seventh—ERASMUS B. HARDEE, M.D...7-50....*Vero Beach*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

HOMER L. PEARSON, JR., M.D., Delegate.....*Miami*
WILLIAM M. DAVIS, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1948)
LOUIS M. ORR, II, M.D., Delegate.....*Orlando*
WILLIAM Y. SAYAD, M.D., Alternate....*West Palm Beach*
(Terms expire Dec. 31, 1949)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D. .....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents

Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., Chm., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Eugene G. Peek, M.D., 1943.....*Ocala*
John R. Boling, M.D., 1944, 1945.....*Tampa*
Shaler Richardson, M.D., Sec'y., 1946.....*Jacksonville*
William C. Thomas, M.D., 1947.....*Gainesville*

NEWLY ELECTED OFFICERS

An able corps of officers was elected at the closing session of the Annual Meeting of the Association in St. Augustine on April 14, and they were inducted into office with Dr. Joseph S. Stewart, who succeeded Dr. William C. Thomas as president. Assuming office with President Stewart were: Dr. Walter C. Payne, Pensacola, President-elect; Dr. Herbert E. White, St. Augustine, First Vice President; Dr. Horace A. Day, Orlando, Second Vice President; Dr. Reddin Britt, St. Augustine, Third Vice President; Dr. Robert B. McIver, Jacksonville, Secretary-Treasurer, and Dr. Shaler Richardson, Jacksonville, Editor of The Journal.

Among these leaders for the ensuing year, two were continued in office. Dr. McIver enters the fifth consecutive year of service as Secretary-Treasurer. Dr. Richardson begins his twenty-third year as Editor of The Journal, an office which he has held continuously since 1925 except for a period of three years when he served as president-elect in 1944 and 1945 and as president in 1946.

President Stewart has completed the committee assignments. They are published on page 664 of this issue of The Journal. The progress of the Association in the months ahead rests with the new officers and those who have accepted the responsibility of serving on a committee.

STATESMANSHIP IN MEDICAL CIRCLES

The key to Florida's future, said Dr. J. Hillis Miller in his inaugural address as president of the University of Florida, is "statesmanship in education and in governmental circles." The term statesman denotes one versed in the principles and art of government and carries with it the connotation of broad-minded and far seeing sagacity in affairs of state. If the citizens of Florida would have maximum attainment in government and education, commensurate with their expenditures, it follows that they must select statesmanlike leaders whose own lives reflect the correct principles they must know how to apply effectively in formulating the policies and directing the functions of government.

The analogy is as clear for medicine as for education and government. As never before, the times call for leaders of organized medicine within this state and throughout the nation who have attained the stature of statesmen, who display the statesmanlike qualities of broad-minded and far seeing sagacity in the affairs of medicine. These leaders are today called upon to save for the profession its coveted freedom, to present for it a united front against the menacing encroachments of a changing social order that would wreck its future, and boldly to lead it forward along the road of progress for the benefit of every citizen. True enough, the state society and the national organization as well are largely what their

leaders make them over the years. On the other hand, the leaders are the creatures of the membership, elected by its delegated representatives to serve in places of high responsibility on behalf of all the members.

Have you ever asked yourself "What is a state medical society—my own, for example?" Is it a scientific and educational organization as we would have the Bureau of Internal Revenue believe? Is it a protective guild of skilled craftsmen? Is it a polite device for spreading propaganda? Is it a social club through which one may extend his acquaintance and prestige? Is it an institution for public service? It is, of course, a composite of all of these, with the emphasis upon and the success of the various aspects depending basically upon the membership and immediately upon the leadership.

Musing upon these questions recently, Dr. Creighton Barker, the executive secretary of the Connecticut State Medical Society, commented pointedly, "It is complicated, isn't it, when you stop to think of it? And it is further complicated when it is acknowledged that a society—any society—is people. It is people that confuse it most and the people who make up a medical society are something special, all educated, mostly intelligent, quaintly conceited, strict individualists usually with a common interest and peculiarly unselfish. Mix them all up and add a few honest and some bogus idealists and a spatter of the unscrupulous and you have a medical society, an organization the like of which is hard to find."

Where do you put the emphasis? What is your state medical society to you? As the corps of officers chosen last month at St. Augustine endeavors to serve you throughout the ensuing year, show your interest in the society and your confidence in them by standing back of them and lending your aid. Leave no stone unturned to render full cooperation as they strive to give to the Association and to the citizenry of Florida for their present and future welfare statesmanship in medical circles.

BRITAIN'S EXPERIMENT IN SOCIALIZED MEDICINE

Inasmuch as our government is based on many fundamental concepts which originated in England, it is of particular interest to examine that country's widespread nationalization program and to review its experiment in socialized medicine.

A bill to provide universal free medical service, which is part of the Labor government's National Health Act of 1946, is to become law on July 5, 1948. Recently British physicians were asked to indicate by vote whether they would enter the state program. Defying the Labor government and its majority in the Parliament, and supporting a previous decision of the British Medical Association, 86 per cent of Britain's medical practitioners, specialists and consultants, in a nationwide plebiscite whose results were announced February 16, voted not to work under the universal free medical service scheme. That vote means that the government would have a maximum of 4,500 general practitioners, consultants and specialists to operate a health service designed for 47,000,000 people. The more than 25,000 physicians who are qualified, but who would not participate, are challenging Minister of Health Aneurin Bevan to make his scheme work.

It is not the intention of Britain's physicians to go on strike and refuse medical service. They would continue to treat patients and render bills for their services. When payment was not possible, attention would be given without charge.

The workability of the socialized health scheme thus seems to have been placed in jeopardy, but there is no indication that the government intends to alter the Health Service Act materially or postpone its effective date. The Socialist Medical Association, made up of pro-Labor doctors, has predicted that most general practitioners will discover before July 5 that they can best serve the sick by joining the service on the "generous terms" offered.

In his attack on the British Medical Association, Minister of Health Bevan said in part: "The leaders of the British Medical Association are a small body of raucous-voiced, politically-poisoned people who have completely misrepresented the medical profession as they have

misrepresented the National Health Service Act." He called the action of this association a "squalid, political conspiracy" and accused his opposition of "organizing to sabotage an Act of Parliament."

In order to put through its program, the government will have to resort to more and more force while ill feeling and controversy will increase, all of which will, perhaps, hasten the eventual loss of power of the Labor government. In the meantime, while this country gropes for a plan to assure adequate medical care for all, the British method would appear to be one to avoid.

THE CHEMIST AND THE PHYSICIAN ANTIBIOTICS

The tremendous progress since 1941 in departments of science other than medicine, particularly chemistry, has contributed heavily to advances made in the medical sciences. The contribution of the chemist to clinical medicine has been especially to the fore in the field of antibiotics. The phenomenon of antibiosis has long been known, and it has received much study for three quarters of a century, but a combination of good biochemistry with other forms of biologic investigation has been applied to the problem of antibiotics only since 1939.

So far the antibiotic of greatest clinical value is penicillin. When its low toxicity and other desirable properties were sufficiently demonstrated to give the substance proper recognition in the class of systemic chemotherapeutic agents, there was loosed a flood of inquiry that subjected it to elaborate investigation. The great skill with which the studies were carried out in the laboratory, from the chemical as well as the biologic point of view, yielded an extensive knowledge of the behavior in the animal body not only of "penicillin," but of some of the individual penicillins now becoming recognized in increasing numbers. The remarkable transformation from production of the drug on a laboratory scale in individual vessels holding a few hundred cubic centimeters to enormous output in gigantic plants is a tribute to the chemists, together with the biologists, trained technicians and engineers, but for whose activities the work of the laboratories could not possibly have been translated into clinical terms.

Surveys of enormous numbers of organisms, fungi, actinomycetes and bacteria, have resulted in the isolation of a great number of antibacterial substances other than penicillin and streptomycin. They have been given clinical trial, and some have already met many of the requirements desirable for any antibiotic that is to be used as a systemic therapeutic agent. Dr. Howard Florey[1] of Oxford, England, who was awarded the Nobel Prize in 1945 for his work on penicillin, lists these requirements as: (1) It must have a powerful action against some bacteria. (2) It must be more active against some bacteria than against others. (3) It must possess little toxicity to the intact animal body, the individual cells or the kidneys, even when given in frequent doses for a considerable length of time. (4) It must be active in the presence of body fluids as well as in the test tube. (5) It must not be destroyed by tissue enzymes. (6) It should be stable. (7) It should not be too rapidly excreted by the kidneys. (8) It should not be capable of producing in infecting bacteria resistance to the chemotherapeutic drug itself. It happens that penicillin is not stable and leaves the body very quickly; too, bacteria eventually become resistant to streptomycin and, to a lesser degree, to penicillin.

That much of the good work in medicine is currently being done not by physicians but by chemists is necessarily true of the antibiotics. Dr. Florey predicts the discovery during the next few years of new drugs of this class which will in all probability find a place in medicine. The evidence is, however, that they will be few, as most of those so far investigated are very toxic to animal tissues or have other disadvantages. The extraction and examination of naturally occurring antibiotics is necessarily slow work. In many instances chemical extraction is difficult and laborious; cultural conditions often present difficulties, as do biologic examinations. Nevertheless, the steadily accumulating data promise within relatively few years at least a broad pattern of the types of substance which are produced by micro-organisms. Every study of the action of an antibiotic throws some light on the life processes of bacteria. The progress in this field serves to remind the practitioner of medicine that the employment of modern chemotherapeutic agents will more and more necessitate a good knowledge of bacteriology on his part. Whatever

happens, concludes Dr. Florey, those who are engaged in this work will be contributing to the sum total of knowledge, and if medicine benefits from it so much the better.

1. Florey, Howard: New Antibiotic Agents, J. A. M. A. 135:1047-1049 (Dec. 20) 1947.

THE HIDDEN TREASURES OF THE LATER YEARS

What if the average life span were a century? Since 1847 the average length of life has increased from 40 to 68 years, and this major attainment of modern science may be expanded by future research to lengthen man's life expectancy to a full century. Indeed, it has been said that were all available knowledge utilized, the average life span would approximate 100 years even now.

It is pleasant to contemplate the physician of today as a more effective public servant than ever before in the history of mankind and to realize that the remarkably effective weapons forged by medical science in the last quarter of a century have largely made him so. It is gratifying to reflect that as a people we enjoy better health, we are living longer, we find the mature and productive years increased in number, and we may, by cooperating with the medical profession in utilizing available information for the control of disease, delay the ravages of old age.

But what of these extra 27 years already added—are they full and happy ones, or have they shrunk in value like the dollar? The answer of one newspaper editor to this important question is thought-provoking:

> Yes, indeed, they are very much fuller. Crowded, in fact. Man, who in 1847 could crowd only 25 miles an hour into his life can now crowd 600. He can now have canned peas, lettuce, fresh strawberries and frozen rhubarb all the year round, whereas in 1847 he could have them only in season. He can have music wherever he goes, indeed it is all he can do to escape it. He can see movies day and night and listen to drama, opera, lectures and guessing contests while he is reading his paper or trying to talk. And as for knowing what's going on in the world, his ears are full of it, sometimes the day before it happens. The chances are that in 1847 he never heard it at all.
>
> It is truly astonishing how chockful these extra 27 years are of books, pills, calories, shoes, ulcers, gadgets, lawsuits, accidents, games, fun, new diseases and all imaginable excitements.—Providence Journal

Undoubtedly, the world moves on at an accelerated pace. It is probably true that no other group has a keener sense of social responsibility than has the medical profession, and certainly increasing longevity, especially in the kind of a world in which we must live today, is a matter with which it is deeply concerned. In the opinion of Dr. Edward L. Bortz, President of the American Medical Association, the human race is losing tremendously from the lack of utilization of the mature minds of individuals who grow into the later years of life. In speaking on the usefulness of geriatrics—the treatment of the diseases of old age—as a specialty, this medical leader observed: "It has been estimated that the emotional pattern of the human personality matures some time in the mid-thirties, that man's intellectual maturity is attained somewhere around 40 years of age, and that his spiritual being finds its greatest fruition, maturation and value as an individual and social unit in the later years of human existence. . . . Largely society has failed to utilize the hidden treasures of the later years.

Recent research indicates that although less than one third of persons chronically ill are over 65, the group of this age and over nevertheless constitutes two thirds of the chronically ill who need care outside the home. Planning for the aged must therefore be closely correlated with planning for the chronically ill, but by no means does age 65 necessarily bring with it disability. The Chicago-Cook County 1947 Health Survey revealed that of 200,000 persons over 65 years of age, 40 per cent were active and productive and only 8 per cent were chronically ill.

Fortunately, modern medicine is now in a position to keep a large percentage of those over 65 productive. Ten and one-half million people in the nation are within this age group. As legislators may well concern themselves with the group of voters 65 years of age and over who have doubled their numbers in the last twenty-five years, so physicians may well ponder the problems of oldsters, many of which are unrelated to chronic disease. The steady increase in the average life span of man should bring from relative obscurity the specialty of geriatrics so that it may help to make the lengthening life expectancy a gift of modern science truly to be coveted.

NEW DIAGNOSTIC PROBLEMS

Repeated warnings of the danger of the occurrence in the United States of tropical disease have recently been published in medical literature.[1] With the return of many hundreds of thousands of Americans from war areas where tropical disease and diseases foreign to this country are endemic and with postwar civilian and military travel greatly expanded, exotic diseases now present an immediate problem to the practicing physician. On his diagnostic ability rest the proper treatment and the cure of the patient and also the primary protection of the community.

Malaria, bacillary dysentery, amebiasis, filariasis and intestinal protozoan infestations will probably be most frequently encountered and will occur in areas where they were formerly observed rarely or not at all. In scattered numbers, such other diseases as kala-azar, African and South American trypanosomiasis, cutaneous leishmaniasis, schistosomiasis, yaws and pinta will doubtless occur. The prevalence of leprosy in areas where troops were stationed makes it almost inevitable that a few cases will appear after long incubation periods.

Many of these diseases will have reached a mild intermediate or chronic stage, thereby making the problem of differential diagnosis more difficult. Symptoms are frequently vague. They may be merely fatigue, recurrent headache, loss in weight, nervousness, palpitation and uneasiness with mild or moderate gastro-intestinal distress. Too, many psychoneurotic patients experience the same symptoms. Differential diagnosis, therefore, intrigues interest and challenges the diagnostic acumen of the physician.

It is of particular interest in Florida that a variety of hookworm hardier than the American hookworm may migrate from the Pacific Islands and become established in the South. Investigators[2] state that of servicemen returning from the Pacific one in fifteen has been reported infected with a species of hookworm which presents a greater public health problem than the shorter, more slender species now established in the Southern states. Not only is it more harmful to its host, but it resists treatment more stubbornly, and its larvae can survive under less favorable climatic conditions.

Although hookworm infection results in gastro-intestinal disturbances, abdominal pain, a fever that comes and goes, progressive anemia, pallor and emaciation, the majority of the servicemen whose infections were discovered showed no conspicuous symptoms. Doubtless many similar cases were untreated. Obviously then, ex-servicemen returning to the South with infections undetected and untreated may be unsuspecting hookworm carriers through whom soil infections in hot humid climates may be established if their hygienic habits are not of the best. Here is another aspect of increasingly difficult diagnostic problems.

1. Exotic Diseases, J. A. M. A. 136:111-112 (Jan. 10) 1948.
2. Loughlin, E. H., and Stoll, N. R.: Hookworm Infections in American Servicemen, J. A. M. A. 136:157-161 (Jan. 17) 1948.

REPORT OF DELEGATES TO A. M. A. CONVENTION

The Interim Session of the American Medical Association at Cleveland January 5 to 8, 1948 included the meeting of the House of Delegates and a scientific program for general practitioners. The total registration was well over three thousand. The House of Delegates met on January 5 and 6, and the scientific program was presented on January 7 and 8.

The first order of business of the House following the seating of the delegates was to select the recipient for the General Practitioner Award. One hundred and eighty nominations were made by interested persons, cities, clubs and various other groups. From this list the Board of Trustees presented to the House the names of three physicians from which to select the one who would receive the award. These three were Dr. W. L. Pressly, aged 60, Due West, S. C., Dr. Jacob T. Oliphant, aged 60, Farmersburg, Ind., and Dr. Archer C. Sudan, aged 56, Kremmling, Colo. Dr. Sudan was elected and was present the next day to receive the award and congratulations of the House and the officers of the Association.

Special study and consideration has been and is being given by the House of Delegates to such important problems as the supply of nurses, interns and residents, the relationship of the laboratory and x-ray to hospital insurance practice, the place of the hospital in medical care and the various plans that have been developed for extending medical care to the mass of people, particularly those in rural areas.

The Board of Trustees distributed to the members of the House a very complete written statement indicating that the American Medical Association is moving steadily forward in a systematic and organized manner to meet the needs of the American people for a wider distribution of a high quality of medical care.

Dr. E. L. Henderson, Chairman of the Board of Trustees, who headed a delegation of four from the American Medical Association chosen to attend the organization of the World Medical Association in Paris in September, reported the progress made at that meeting. Forty-eight nations were represented. The association was organized into a general assembly consisting of two delegates from each national medical association and a general council consisting of the president, president-elect, treasurer and ten elected members. The president is to come from the country in which the general assembly meets. The president is from France, the president-elect from Czechoslovakia, the treasurer from Switzerland and the council members from England, Sweden, France, Spain, Austria, India, China, Cuba, Canada and the United States.

Since the income from dues would be insufficient to make the organization effective, the delegates from the United States offered to provide $50,000 yearly for five years through voluntary subscription from industry, medical organizations and individual physicians to be spent under the auspices of a United States committee. Certain provisions had to be agreed to before the money would be available, the important one being that the headquarters and general secretariat would be located in North America. Headquarters will be in New York City. The German Medical Syndicate was not admitted to membership.

Both delegates from Florida were present at every meeting of the House and the senior delegates served on the reference committee on miscellaneous business.

The House voted to increase the annual dues from $8.00 to $12.00.

Respectfully submitted,
Homer L. Pearson, Jr.
Louis M. Orr, II

NIGHT SERVICE DEMAND

The American Medical Association calls on county medical societies to meet the public demand for emergency medical service at night.

"From many sections of the United States," says an editorial in a recent (March 6) issue of The Journal of The American Medical Association, "complaints have come lately that persons who have called physicians late at night have been unable to obtain attendance from either those whom they considered their family physicians or from specialists or, indeed, from any physician."

The American Medical Association says that large county medical societies or urban groups should maintain a physicians' telephone exchange which would take the responsibility for locating physicians if response is not made to the ringing of the telephone in the home or in the office.

The solution is simple and practical, requiring only a minimum of community organization. A number of county medical societies already maintain a physicians' telephone exchange where doctors' calls may be received and doctors located if their office or home telephones do not respond. Such an exchange can be utilized, as at night or on holidays, simply by furnishing the exchange with a list of physicians who are able and willing to make night calls. Such physicians would probably include the younger general practitioners, newcomers to the community, and others in general practice. If such a roster were available, and its availability widely publicized, night calls for medical service would soon gravitate to this center and the patient would be assured the services of a physician.

Under such a system the necessity for calling many doctors would be eliminated. Two calls at most would be necessary. Where there is no physicians' telephone service, it might be possible to have the hospitals cooperate by handling such night calls. The Medical Society of the District of Columbia and the Milwaukee County Medical Society have found such a plan practical, as have a number of other societies.

By this simple and practical expedient, which is doubtless in effect in modified form in a number of communities, the sick can be served and the medical profession can redeem its pledge of unselfish public service. It is highly important that where such arrangements exist they be brought to the attention of the lay people in the

community through appropriate public channels, not once but repeatedly, to keep the shifting populations well informed.

Few problems in the field of medical service have aroused so much public discussion. Whether resentment against physicians is justified or not, it does harm. The solution for this problem is so eminently simple and would reflect so favorably upon physician-patient relationships that medical societies everywhere are urged to give it serious consideration immediately.

MEDICAL PRACTICE ACT

During the year 1947 ten arrests were made for violations of the Medical Practice Act, according to the annual report of Mr. M. H. Doss, director of the State Bureau of Narcotics of the Florida State Board of Health. Aggregate sentences imposed by criminal courts were one year and six months, while aggregate fines amounted to $1,450. One case resulted in an acquittal and two were discharged by the courts; one injunction was obtained in circuit court. Ten violations were corrected without legal action.

The Bureau of Narcotics is charged with enforcement of all narcotic, medical and pharmacy laws of the state. The service rendered the citizens of Florida through the activity of this department of the State Board of Health is highly commendable.

NEW HANDBOOK OF NUTRITION

That the profession may anticipate a new edition of the "Handbook of Nutrition," now in course of preparation, is of particular interest at this time. The importance of the world food situation today properly focuses attention on the subject of nutrition. Too, the rapid advances in the profession's knowledge of nutrition and the recognized importance of food and nutritional considerations in wound healing, recovery periods and fluid replacements make the appearance of the new handbook especially timely.

The Council on Foods and Nutrition of the American Medical Association announces that there will be twenty-eight contributors to this book, all authorities in their respective fields, and their articles will appear from time to time in The Journal of the American Medical Association. The general titles of the book's four sections are Individual Nutrients, Nutritional Needs, Nutritional Deficiencies, and Foods and Their Nutritional Qualities.

APPOINTMENT OF COMMISSIONED OFFICERS IN THE MEDICAL CORPS AND DENTAL CORPS OF THE REGULAR NAVY

The statutory authority contained in Public Law 365—80th Congress, Title II (Army-Navy-Public Health Service Medical Officer Procurement Act of 1947) makes it possible now for civilian doctors to become commissioned officers in the regular Navy, provided they meet the professional and physical qualifications. This law is unique in that it does away with, for the first time, the age limitation of 32 years of age and permits doctors in civilian practice to enter the Navy and be commissioned with the rank up to and including Captain. The law considers all strata of the medical profession, internes, residents, reserves, former medical officers who have resigned, and present practicing physicians.

In order to make application a doctor must be a citizen of the United States and a graduate from a Class "A" medical school; he must have served at least one year's internship in an approved hospital. Candidates will then be judged on a number of qualifications such as being a member of a specialty board, teaching connections, the number of years of professional or scientific practice, hospital or laboratory connections and a statement of military service.

The allocation of rank to successful candidates will depend upon their academic age, professional standing and experience in the medical field. Successful candidates will then be integrated in line with medical officers of the regular Navy and assigned running mates accordingly. This means that they will be eligible for promotion along with their fellow officers of equal rank.

This law offers a fine opportunity for civilian doctors to make a career in the regular Navy and to enjoy its professional advantages as well as its retirement benefits. Doctors interested in such a career should write to the Bureau of Naval Personnel, via the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

PUBLIC RELATIONS

This is an election year. Never before has there been a time when the caliber of men seeking public office has been more important to the medical profession. Public health is the concern of local, state and federal officials, and proponents of compulsory health measures can be found on all three levels.

Doctors have been credited with indifference toward matters pertaining to government. State legislators have been heard to remark in public hearings that doctors never vote anyway, implying that the opinions of physicians can be passed over lightly in favor of groups exerting greater influence at the polls. In apparent contradiction is a statement by a national personage that each doctor is worth fifty votes.

These two ideas are not incompatible. Every medical man is a power in his own community. His opinions and judgments carry great weight, particularly on any matter dealing with health or medicine. It is equally true that this potent force for good government and competent public officials is entirely latent unless he voluntarily speaks his mind for others to hear and consider.

We are currently in the process of electing our next governor, members of the lower house and one-half the total number of senators. There has been an abundance of candidates for most of these offices. Now the major elimination has taken place. It is essential that a careful analysis of each candidate who has survived the first primary be made before the day of the second primary arrives. Take the small amount of time necessary to go the polls and vote.

In the past few years there has been adequate evidence of the importance of the man in the White House on matters of vital significance to the medical profession, and which affect the health and welfare of the public generally. Candidates for the highest office of the nation are numerous, even to third party aspirants. National conventions of the two major parties are nearing, and the presidential election is not too far in the future. The next four years are certain to be momentous in our country's history. The stature of the man chosen as chief executive needs more than superficial consideration.

Senator H. Alexander Smith, chairman of the Subcommittee on Health of the Senate Committee on Labor and Public Welfare, wrote a letter to the governor of each state. Among other relative questions, he asked whether the respective states prefer the Murray-Wagner-Dingell bill (S.1320) or the Taft measure (S.545). Florida was listed among the eight states having no preference. Medical public relations can claim no orchids on this.

STATE BOARD OF HEALTH

BIRTH AND DEATH CERTIFICATES

The importance of properly executed birth and death certificates has been steadily increasing within the last few years because of the increasing number of purposes for which these documents are required. The majority of the physicians in the state have been most conscientious in performing this public duty. In some instances, however, it has come to the attention of the State Board of Health, especially in the case of birth certificates, that physicians have refused to file these certificates with the local registrar because of the lack of payment of the medical fee. It is believed that such practices are a result of a misunderstanding and are due to the impression that the filing of the birth or death certificate is a service to the patient. This, however, is not the case. It is a service to the public and is required by law, and the medical license is issued with the understanding that these procedures will be carried out. The law relative to this matter reads as follows:

"CERTIFICATE OF BIRTH.—Within ten days after the date of each birth there shall be filed with the local registrar of the district in which the birth occurred a certificate of such birth. It shall be the duty of such physician, midwife or person acting as midwife, to file in accordance herewith the certificate herein contemplated.

DEATH CERTIFICATE.—The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in the death, giving first the name of the disease causing death (primary cause), and the contributory (secondary) cause, if any, and the duration of each."

STATE NEWS ITEMS

The National Conference of County Medical Society Officers will sponsor another "Grass Roots" Conference during the annual session of the American Medical Association in Chicago next month. The conference will be held on Sunday, June 20th.

The fourteenth annual meeting of the American College of Chest Physicians will be held at the Congress Hotel in Chicago, June 17-20, 1948. The board of examiners of this organization announces that candidates for fellowship may arrange to take the examinations on June 17 by contacting the executive secretary of the college at 500 North Dearborn St., Chicago 10.

The American Physiotherapy Association will hold its twenty-fifth annual conference at the LaSalle Hotel in Chicago, May 23-28, 1948. Distinguished physicians and other lecturers will discuss the role of the physical therapist in the expanding program of medical care, including the contribution of this specialist to nursing education, and to the treatment of spinal cord injuries, nerve and tendon injuries of the hand, muscle re-education, poliomyelitis and peripheral vascular disease. The use of physical therapy in caring for the psychiatric patient is another subject to be presented.

Dr. B. L. Arms retired on February 15 and has purchased a home in Haines City where he plans to establish his permanent residency. Dr. Arms came to Jacksonville in 1917 as chief bacteriologist in the laboratory of the State Health Department. In 1925 he accepted the appointment as State Health Officer and served a full term of four years. Following his resignation he became affiliated with the Maine Health Department. In 1946 Dr. Arms returned to Florida and served as Health Officer for Jefferson County until his retirement.

Dr. Frederick J. Fox has recently opened offices at the corner of Knapp and Lakeshore Drive in Clermont.

Eleven members of the Florida Medical Association were registered at the January meeting of the American Academy of Orthopaedic Surgeons which was held in Chicago. Registrants include Drs. Charles R. Burbacher and Arthur H. Weiland of Coral Gables; Drs. Frank L. Fort and John F. Lovejoy of Jacksonville; Dr. Courtland D. Whitaker of Marianna; Dr. Edward W. Cullipher of Miami; Dr. Eugene L. Jewett of Orlando; Drs. Chas. L. Farrington and Irwin S. Leinbach of St. Petersburg; Drs. Herschel G. Cole and Joseph J. Ruskin of Tampa.

MARRIAGES AND DEATHS

MARRIAGES

Dr. Harry A. Peyton of Jacksonville and Mrs. Allen Killinger were married on March 13, 1948.

Dr. Etheridge J. Hall of Miami and Miss Weima Doris Davis of LaBelle were married on Feb. 26, 1948.

Dr. Robert W. Ferguson of Wauchula and Miss Beverly Jean Showalter of Tampa were married recently.

DEATHS—MEMBERS

Dr. Rollin Jefferson, Tampa — March 4, 1948

DEATHS—OTHER DOCTORS

Dr. Gustavo F. Porro, Tampa — Feb. 29, 1948
Dr. James E. Davis, St. Petersburg — March 19, 1948

COMPONENT SOCIETY NOTES

ALACHUA

Four physicians were elected to membership of the Alachua County Medical Society at the March meeting which was held at the Hotel Thomas in Gainesville. They are Drs. Raymond S. Camp, Albert G. Love, IV, Cecil E. Love, and Bernard L. Rhodes, Jr.

As the principal speaker, Dr. Camp reviewed the fundamentals of child feeding.

The meeting was held jointly with the Woman's Auxiliary.

BREVARD

The Brevard County Medical Society held its March meeting at the Brevard Hotel in Cocoa. Dr. Elwyn Evans of Orlando, the guest speaker, presented a paper entitled "Congenital Heart Disease."

ESCAMBIA

Members of the Escambia County Medical Society were guests of the medical staff of the Naval Hospital in Pensacola on March 9. At the meeting which was held at the Mustin Beach Officers' Club, welcoming addresses were given by Capt. R. E. Baker, Capt. W. E. Kellum, Sr., and Capt. J. G. Wright. Capt. John T. Smith presided.

The business meeting was conducted by Dr. George W. Morse, vice president of the Escambia society. Dr. C. R. Moon introduced the discussion topic, "Banti's Syndrome;" a case was presented by Dr. S. B. Berley and discussed by Drs. E. R. Freitas, J. Furr, M. M. Driskell, T. K. Hamilton, John Duval and Raymond B. Squires. A motion picture on "The Atomic Bomb and Radio Activity As a Problem" was shown.

MARION

The regular meeting of the Marion County Medical Society was held on St. Patrick's Day at "The 1890 House" in Ocala. Under a provision of the will of Mr. Arthur Levis of Ocala, a past commander of the Marion County Post of the American Legion, a portable electric oxygen tent has been donated for the use of patients in the county who are unable to pay for this apparatus in their homes. The report of the donation was made by Dr. T. Hartley Davis.

Dr. William H. Anderson, Jr., ophthalmologist and otolaryngologist, who has taken the offices and practice of the late Dr. Carney W. Mimms, Sr., of Ocala, was elected to membership.

Those present included Drs. Hugh H. Barfield, Richard C. Cumming, T. Hartley Davis, Bertrand F. Drake, Eaton G. Lindner, Carl S. Lytle, Eugene G. Peek, Robert E. Thompson, Thos. H. Wallis and Harry F. Watt of Ocala; Dr. Bruce D. Carroll of Bronson; Dr. William H. Garvin, Jr, of Dunnellon; and Dr. Herbert M. Webb, Jr., of Wildwood. Dr. Lindner had as his guest, Dr. C. W. Chidlaw of Hammond, Ind., who was his classmate at Miami Medical College in 1904.

PASCO-HERNANDO-CITRUS

Dr. William G. Mason was host to members of the Pasco-Hernando-Citrus County Medical Society at the March meeting which was held at the Orange Hotel in Inverness. Dr. J. Brown Farrior of Tampa spoke on "Fenestration Operation for Otosclerosis" and illustrated his paper with slides.

The business meeting consisted chiefly of discussions concerning the 74th Annual Meeting in St. Augustine.

PINELLAS

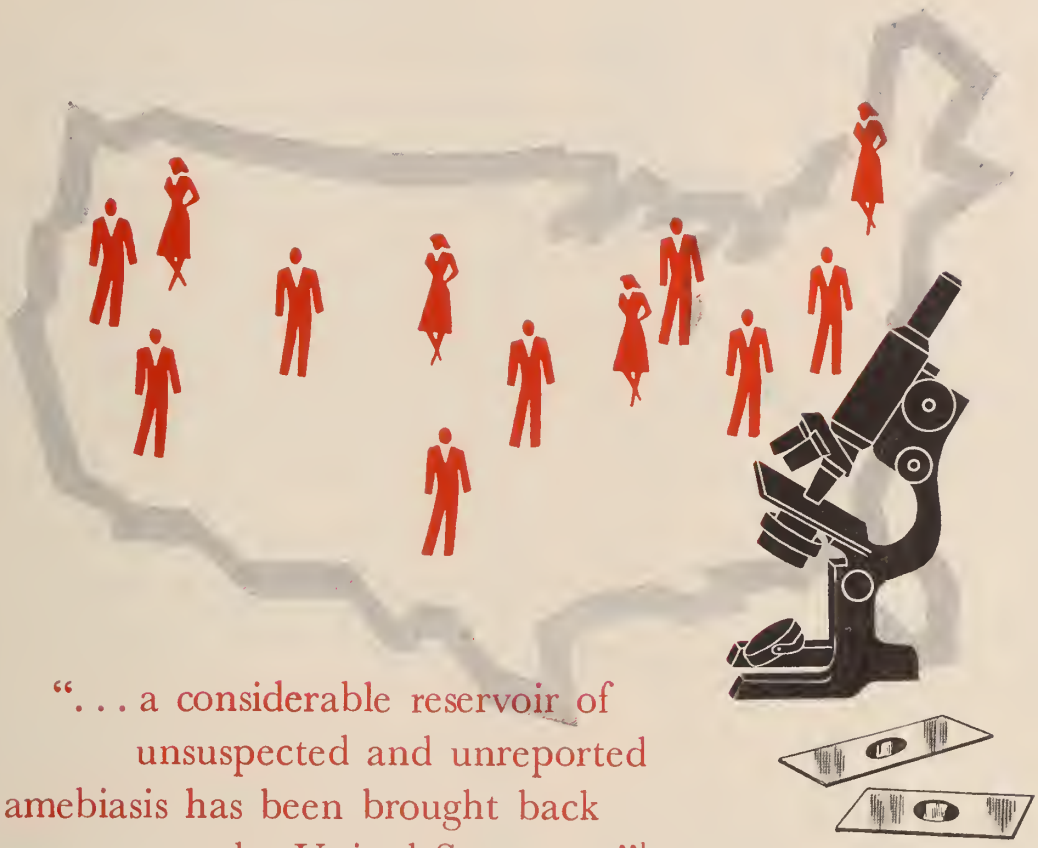
At the business meeting of Pinellas County Medical Society which was held on March 4, steps were taken to establish a blood bank. The motion by Dr. Ira C. Evans that President M. Eldridge Black appoint a committee as part of a composite committee for the project was carried. This group of physicians is empowered to invite laymen to join in the formation of an executive committee to establish and manage the proposed blood bank.

Dr. Francis H. Langley, chairman of the scientific program and entertainment committee, introduced Dr. James L. Gouaux who opened the discussion of a case of "Pericordial Cyst." Dr. Henry J. Jensen then explained the x-ray differential diagnosis. Dr. J. Braden Quicksall spoke on the "Intravenous Use of Morphine."

POLK

Members of the Polk County Medical Society were the guests of the Lake Wales physicians at the March meeting which was held at the Ridge Manor Lodge in Lake Wales. Dr. Edward Jelks of Jacksonville was the guest speaker. Following the dinner a business meeting was conducted by President Chester H. Murphy of Bartow.

Out-of-county Association members who were guests included Drs. Chas. J. Collins, Duncan T. McEwan, and Robert E. Zellner of Orlando; Dr.



"... a considerable reservoir of unsuspected and unreported amebiasis has been brought back to the United States...."[1]

Urging clinicians and roentgenologists to be on the alert for signs of this disease, Wilbur and Camp[2] note the frequency with which the radiologist finds unsuspected lesions, ultimately diagnosed as amebiasis.

Diodoquin . . . high-iodine-containing amebacide . . . "is a valuable addition to the therapeutic remedies available for the treatment of this insidious and intractable disease."[3]

Diodoquin may be employed in acute or latent forms of amebiasis. Relatively nontoxic, well tolerated, Diodoquin does not produce unpleasant purgation and may be administered over prolonged periods.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

DIODOQUIN | **SEARLE**

(5,7-diiodo-8-hydroxyquinoline)

RESEARCH IN THE SERVICE OF MEDICINE

1. *Editorial: The Problem of Amebiasis, J.A.M.A.* 134:*1095 (July 26) 1947.*
2. *Wilbur, D. L., and Camp, J. D.: Amebic Disease of the Cecum: Clinical and Radiological Aspects, Gastroenterology 7:535 (Nov.) 1946.*
3. *Morton, T. C. St. C.: Diodoquin for Chronic Amoebic Dysentery in Service Personnel Invalided from India, Brit. M.J. 1:831 (June 16) 1945.*

Diodoquin is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois.

Howard V. Weems of Sebring; Drs. David R. Murphey, Jr., James N. Patterson, and Chas. McC. Gray of Tampa. Dr. Alpheus T. Kennedy of Jacksonville also was a guest.

PUTNAM

Dr. Edward W. Ford of Crescent City has been elected president of the Putnam County Medical Society to succeed the late Dr. Allen P. Gurganious. Members who attended the February meeting which was held at the Country Club in Palatka were Drs. Grover C. Collins, Bernard E. Kane, James W. Brantley and Dr. Ford.

ST. JOHNS

All members the St. Johns County Medical Society have paid their state dues for 1948. This cooperation is greatly appreciated.

VOLUSIA

Dr. Frank G. Slaughter of Jacksonville, chairman of the Committee on Public Relations, was the guest speaker at the monthly meeting of the Volusia County Medical Society which was held on March 9 at the Halifax District Hospital in Daytona Beach. The topic of his talk was "The Doctor and the Public." Mr. Ernest R. Gibson, executive secretary of the Academy of Public Medicine, discussed proposals for public relations by county medical societies.

Thirty-two members of the society attended the meeting.

INTERNIST: 34, Diplomate of the American Board of Internal Medicine, graduate of an eastern school, Protestant, presently on faculty of a southern medical school and consultant to U. S. Veterans' Hospital, desires opportunity for private practice, group or association. Write 69-16, P. O. Box 1018, Jacksonville, Fla.

OFFICE FOR PHYSICIAN: Desirable ground floor location at Five Points in the Riverside section of Jacksonville, over 750 sq. ft. on corner with excellent parking and bus facilities. Can be leased on reasonable terms. D. L. Reep, D.D.S., 2005 Herschel Street, Jacksonville. Telephone 7-5444.

THEODORE GAILLARD CROFT

Dr. Theo. G. Croft of Jacksonville died on Wednesday, March 17, 1948 in the Presbyterian Hospital in New York City. He was 60 years of age.

Dr. Croft was born on Aug. 26, 1887 in Aiken, S. C. Descended from a distinguished family of his native state, he was the son and grandson of physicians bearing the same name, and his mother was Mary Chafee Croft. He attended the Sewannee Military Academy, later the University of the South, before entering the University of South Carolina. In June 1912, he received the degree of Doctor of Medicine from the Medical College of the State of South Carolina at Charleston, as had his father and grandfather before him. Immediately thereafter he spent two years in New York interning at New York City Hospital and Bellevue Hospital.

Dr. Croft, who resided at Mandarin, had practiced medicine in Jacksonville since 1914 and was widely known as a general surgeon. Not only did he win distinction professionally through the years but also in civic and social activities. He was a Mason and a Shriner, a member of the Kiwanis Club, the Royal Order of Jesters and the Timuquana Country Club, and a life member of the Florida Yacht Club. He was a member of the Episcopal Church. His colleagues, his patients and a wide circle of friends held him in highest esteem.

Dr. Croft saw service in France as a first lieutenant in World War I and held a commission of lieutenant colonel as a reserve officer. During World War II, he was asked to supervise the medical departments of the St. Johns River Shipbuilding Company and the Merrill-Stevens Drydock Company, and he served on the procurement and assignment committee.

He was a member of the American Medical Association, the Florida Medical Association and the Association of Seaboard Air Line Railroad Surgeons. In his death the Duval County Medical Society loses a past president who served faithfully and well in the capacity in 1934. Locally, he was a member of the staff of St. Luke's, St. Vincent's and Duval County hospitals.

Survivors include his widow, Mrs. Mabel Storey Croft, and two sisters, Mrs. Mary Croft Lyons and Miss Florence Ella Croft of Aiken, S. C.

BOOKS RECEIVED

Introduction to Medical Psychology. By L. Erwin Wexberg, M.D. Price, $3.50. Pp. 169. New York: Grune & Stratton, Inc., 1947.

Realizing the need for a textbook written with the future physician's specific psychologic requirements in mind, the author prepared this short text primarily to aid the medical student familiarize himself with a subject practically unknown to him. Not just an "introduction" to psychiatry or mental hygiene, nor on the other hand an elaborate treatise on psychology designed for the training of psychologists, this brief volume should prove helpful not only to the student but also to those practicing physicians who are coming to realize more and more the importance of psychologic training in medicine.

The six chapters are entitled Individual and Community; Knowledge and Action; Emotions and Instincts; Temperament, Personality, and Character; Genetic Psychology; and Methods and Technics of Clinical Psychology. Numerous references accompany each chapter.

Fundamentals of Psychiatry. By Edward A. Strecker, M.D. Ed. 4. Price, $4.00. Pp. 325. Philadelphia: J. B. Lippincott Company, 1947.

This practical and popular textbook, now appearing in its fourth edition within five years, takes into account the greatly increased need for psychiatric care in this postwar era and the critical shortage of specially trained physicians in this branch of medicine. All the best features of previous editions are retained. The author continues to emphasize the relationship between psychiatry and general medicine and to cover compactly symptoms, methods of examination, etiology, treatment and prognosis of psychoses. In addition, there are many new features, including an entirely new chapter on Psychosomatic Medicine and Psychiatry, a discussion of classification insufficiencies and two suggested nomenclatures, which reflect the present trend in psychiatric thought.

This small manual is especially useful to practitioners, nurses, students and others requiring a sound, general knowledge of psychiatry. Designed to meet the need when time is at a premium, it guides the busy physician in meeting the psychiatric problems of everyday practice without leading him too deeply into technical or theoretical consideration of the highly complex subject matter.

A Primer of Cardiology. By George E. Burch, M.D., F.A.C.P., and Paul Reaser, M.D. Price $4.50. Pp. 272. Philadelphia: Lea & Febiger, 1947.

These authors, of the faculty of Tulane University School of Medicine, present in clear, informative style this primer for medical students and physicians who are interested in a practical introduction to cardiology. Their

J.K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA

BIOLIGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS

Out-of-Town Orders Shipped by Return Mail

Advertisement



From where I sit
by Joe Marsh

How to put up with women's styles

When Will Dudley's missus finally gave in to the new-style longer skirts, Will was mighty critical at first. Allowed as how women were a slave to fashion . . . ought to dress to please their husbands and not style designers.

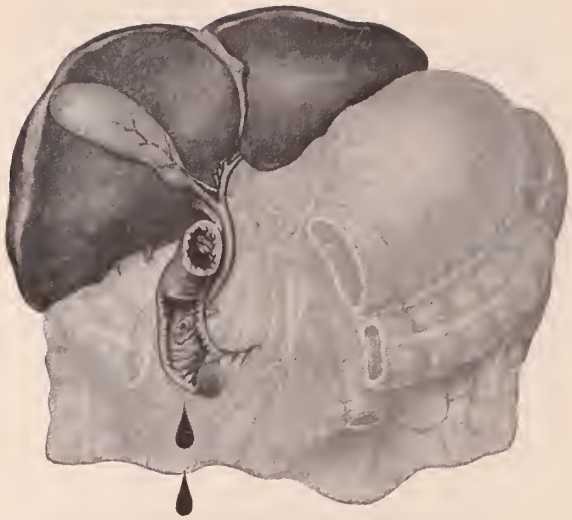
Then Dee finally reminded Will of his habit of sitting by the radio on Saturday afternoons in his shirt sleeves and old carpet slippers, listening to the sportscasts with a mellow glass of beer. She suggested that maybe Will was a slave to comfort.

And Will admitted she was right. It just goes to show that the way somebody dresses isn't always to our taste —just as Will's glass of beer may be another person's cider.

But from where I sit, those little differences aren't important—unless we go out of our way to make them so, by being hypercritical. As Will says now: "Well, anyway, those long skirts hide a multitude of shins". . . and lets it go at that!

Joe Marsh

Copyright, 1948, United States Brewers Foundation



OBJECT:
DRAINAGE

In discussing the management of chronic cholecystitis without stones, Albrecht states:

"The object of the medical procedure is to assist in draining an infected organ."*

The specific hydrocholeretic action of Decholin (chemically pure dehydrocholic acid) accomplishes this purpose.

Decholin induces bile secretion which is thin and copious, flushing the passages from the liver to the sphincter of Oddi, and carrying away infectious and other accumulated material.

HOW SUPPLIED: Decholin in 3¾ gr. tablets. Packages of 25, 100, 500 and 1000.

*Albrecht, F. K.: Modern Management in Clinical Medicine, Baltimore, The Williams and Wilkins Co., 1946, p. 170.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Decholin
BRAND · REG. U. S. PAT. OFF.

AMES COMPANY, INC.
ELKHART, INDIANA

aim is to show in a fairly direct fashion how the basic sciences and clinical medicine must be integrated and approached systematically in order to understand cardiology satisfactorily and to establish a foundation for future study, clinical development and specialty training. Emphasis is placed on cardiac problems likely to be of greatest importance in medical practice. The material is presented in a way to stimulate the thinking of the reader, making him better able to evaluate the literature in this field, and the illustrations, numbering 203, are intended to teach him to think of clinical manifestations in terms of circulatory dynamics and basic physiologic principles.

UNIPOLAR LEAD ELECTROCARDIOGRAPHY, INCLUDING STANDARD LEADS, UNIPOLAR EXTREMITY LEADS AND MULTIPLE UNIPOLAR PRECORDIAL LEADS. By Emanuel Goldberger, B.S., M.D. Price $4.00. Pp. 182. Philadelphia: Lea & Febiger, 1947.

This monograph is the result of a thorough study of unipolar leads including exploration of the practicability of their routine clinical use and determination of the relationships between standard leads, precordial leads and unipolar leads in general. It contains the material used in the author's course in advanced electrocardiography at Montefiore Hospital, New York, under the auspices of Columbia University Faculty of Medicine. In contrast to the usual description of electrocardiographic patterns in terms of standard leads alone, or in terms of standard leads and one or more precordial leads, in this volume each abnormality is described in terms of the three standard leads, the three 'augmented' unipolar extremity leads and the six unipolar precordial leads. All of these leads are explained in terms of simple fundamental physiologic principles and basic unipolar lead patterns. Among the many clinical conditions in which unipolar extremity leads and unipolar precordial leads are advantageous are the interpretation of axis deviation; the diagnosis of abnormalities of the Q waves, especially Q_3; the differentiation of pulmonary embolism from posterior infarction; the diagnosis of small myocardial infarcts; the diagnosis of bundle branch block; the diagnosis of right ventricular hypertrophy; the interpretation of tracings with abnormalities of the RS-T segment and T wave, and the interpretation of tracings when standard leads appear normal or when minimal changes are present in the standard leads.

THE FOOT AND ANKLE, THEIR INJURIES, DISEASES, DEFORMITIES AND DISABILITIES. By Philip Lewin, M.D., F.A.C.S. Ed. 3. Price $11.00. Pp. 847. Philadelphia: Lea & Febiger, 1947.

Extensively revised with an increase of 182 pages and 102 new illustrations, this volume contains the latest recognized facts and reflects the present day accepted concepts of etiology, diagnosis and treatment. Other features are the latest data on the use of penicillin, streptomycin, tyrothrycin, the sulfa drugs and sulfamylon; technic described and illustrated in detail; and additional emphasis on compound fractures, crushing wounds, osteomyelitis, traumatic gangrene and amputations. There is an entirely new discussion of psychosomatic medicine as it relates to certain orthopedic conditions. This book should be valuable to obstetricians, pediatricians and general practitioners in the treatment of some of the common foot and ankle defects and should help them in the recognition of the necessity of appropriate and prompt treatment. It covers from all of the practical points of view a subject not well known and concerning which relatively little has been written.

Surgical Disorders of the Chest, Diagnosis and Treatment. By J. K. Donaldson, M.D., F.A.C.S., (Lt. Col., A.U.S.). Ed. 2. Price $8.50. Pp. 485. Philadelphia: Lea & Febiger, 1947.

This book on the clinical pathology, diagnosis and surgical treatment of disorders of the chest serves as a well organized reference work, in compact and easily readable form, for physicians, surgeons and medical students. It is written especially from the viewpoint of the general practitioner who first sees the patient and knows that immediate recognition and referral are of the utmost importance, and the general surgeon who finds it practical and advisable to handle all but the most specialized forms of chest surgery. In this new edition there are 120 additional pages, and 22 of the 145 illustrations are new. Additions to the text matter include the fundamental advances made in the field of thoracic surgery in World War II and a new chapter on Traumatic Hemothorax, with a full consideration of the newer concepts of decortication of the lung. Other subjects covered are inflammation of the thoracic wall, including pyogenic infections and abscesses, tumors, penetrating and nonpenetrating wounds, and nontuberculous intrathoracic infections, pulmonary embolism and infarction. Two chapters are devoted to pleurisy, with special emphasis on treatment.

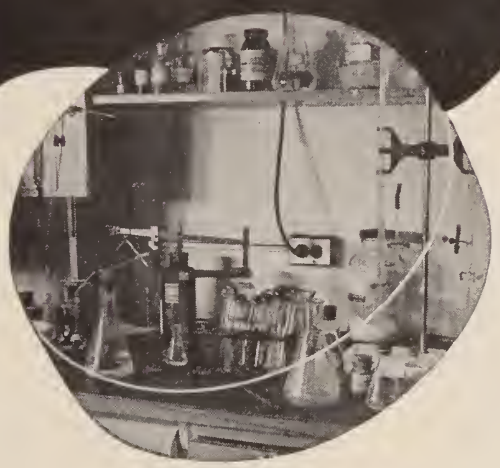
Diseases of the Nose, Throat and Ear. By William Lincoln Ballenger, M.D., F.A.C.S., Howard Charles Ballenger, M.D., F.A.C.S., and John Jacob Ballenger, M.D. Ed. 9. Price $12.50. Pp. 993. Philadelphia: Lea & Febiger, 1947.

This ninth edition, thoroughly revised with 597 illustrations and 16 plates, many of them new, covers the entire field of otolaryngology, including the anatomy, functions and medical and surgical treatment of all of the leading diseases. A new chapter offers guidance in clarifying headaches and neuralgias of the face and head, symptoms of diverse and often baffling origin. Rhinoplastic reconstruction is described and the steps illustrated. Dr. J. D. Kelly has revised his technic of arytenoidectomy for bilateral paralysis of the recurrent laryngeal nerves. The chapters dealing with the subjects of the physiology and functional tests of the labyrinth and inflammatory diseases of the labyrinth have been revised by Dr. Alfred Lewy, and Drs. Gabriel Tucker and C. L. Jackson have revised their chapters on peroral endoscopy. The final section presents bronchoscopy, direct laryngoscopy, esophagoscopy and gastroscopy. This comprehensive book, based on a broad clinical viewpoint, is for the general practitioner as well as the specialist.

Practical Child Guidance and Mental Hygiene. By Samuel Kahn, M.D., Ph.D., Grace Kirsten, A.B., and May Elish March, A.B., M.A. Price $4.00. Pp. 285. Boston: Meador Publishing Company, 1947.

This book attempts through question and answer form to explain to the average intelligent person some of the important principles in child guidance and how they can be applied practically. It is intended "for parents, potential parents, educators, social workers, physicians, lawyers, ministers, executives, institutional workers and all others interested in the development of normal, wholesome individuals of good personality and fine character." The authors would contribute to a better world by making more people Child Guidance-minded.

A LABORATORY TECHNIC IN A TABLET---



CLINITEST
FOR QUICK URINE-SUGAR TESTING

NO HEATING, NO MEASURING of Reagents — Simply drop one Clinitest Tablet in diluted urine.

Allow time for reaction — compare with color scale. That is all.

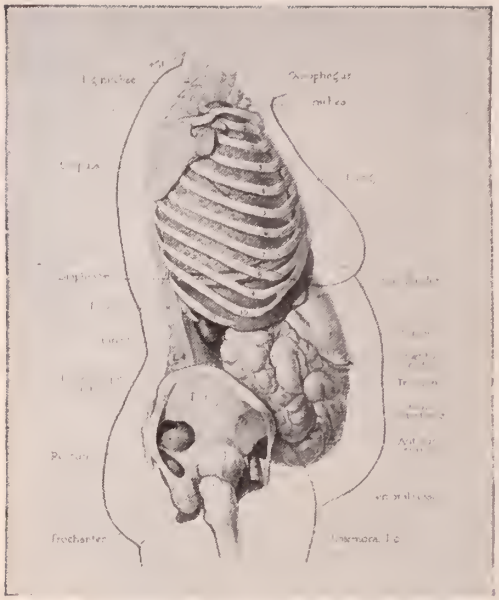
CLINITEST Laboratory Outfit

CLINITEST Plastic Pocket-size Set

CLINITEST Reagent Tablets 12x100's and 12x250's for laboratory and hospital use.

Distributed through regular drug and medical supply channels.

AMES COMPANY, INC.
ELKHART, INDIANA



VISCERA IN OBESE WOMAN PLATE LXXIII FROM CAMP ANATOMICAL STUDIES FOR PHYSICIANS AND SURGEONS

CAMP

ANATOMICAL SUPPORTS
for
PENDULOUS
ABDOMEN

The adjustment of the Camp Support lays a foundation about the major portion of the pelvic girdle. From this foundation, the upright sections of the support hold the load up and back and give excellent support to the lumbar and lower dorsal regions.

The holding of the load furnishes not only relief to the spine but also lessens the drag of the viscera upon the diaphragm.



Photographs—Obese patient with 3rd degree pendulous abdomen and arthritis of the spine before and after application of abdominal and breast supports. (Skeletons indrawn.)

S. H. CAMP & COMPANY • Jackson, Michigan • *World's Largest Manufacturers of Scientific Supports*

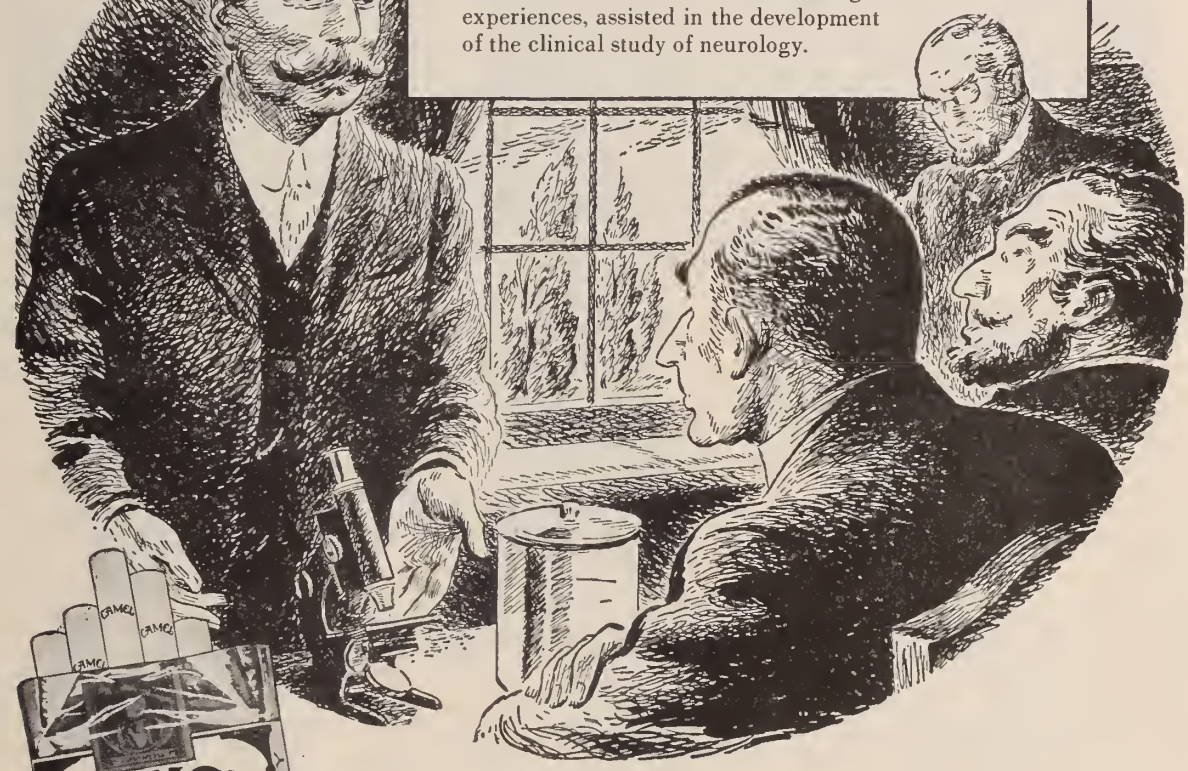
Offices in CHICAGO • NEW YORK • WINDSOR, ONTARIO • LONDON, ENGLAND

Experience is the Best Teacher

Camillo Golgi (1844-1926)

proved it in neurology

Golgi is best remembered today for his detailed investigations of the finer microscopic structures of the nervous system. Golgi's improved methods for staining nerve cells and fibres, as well as his own histologic experiences, assisted in the development of the clinical study of neurology.





R. J. Reynolds Tobacco Company
Winston-Salem, N. C.

Experience is the best teacher in cigarettes, too!



With millions of smokers who have tried and compared different brands of cigarettes, Camels are the "choice of experience." Try Camels! See how your taste welcomes the rich flavor of Camel's choice, properly aged, expertly blended tobaccos. See if your throat doesn't find Camel's cool mildness mighty pleasing.

Yes! Let your own experience tell you why more people are smoking Camels than ever before.

According to a Nationwide survey:

More Doctors Smoke CAMELS

than any other cigarette

Three leading independent research organizations in a nationwide survey asked 113,597 doctors what cigarette they smoked. The brand named most was Camel!



SUCCESSFUL IN INFANT NUTRITION

The advantages of these Nestlé products in the feeding of infants have been confirmed by long and widespread usage.



SPRAY DRIED

LACTOGEN

HOMOGENIZED
WHOLE COW'S MILK

Modified with
MILK FAT
LACTOSE

Reinforced with **IRON**



EVAPORATED

DEXTROGEN

HOMOGENIZED
WHOLE COW'S MILK

Modified with
DEXTRINS · MALTOSE
DEXTROSE

Reinforced with **IRON**



ACIDIFIED • SPRAY DRIED

PELARGON

HOMOGENIZED
WHOLE COW'S MILK

Modified with
GLUCOSE · SUCROSE
STARCH

Reinforced with **IRON**
VITAMINS
A B C & D

No advertising or feeding directions except to physicians

NESTLÉ'S
MILK PRODUCTS, INC.
155 East 44th Street,
New York 17, N. Y.

REG. U.S. PAT. OFF.

FMA-5-48

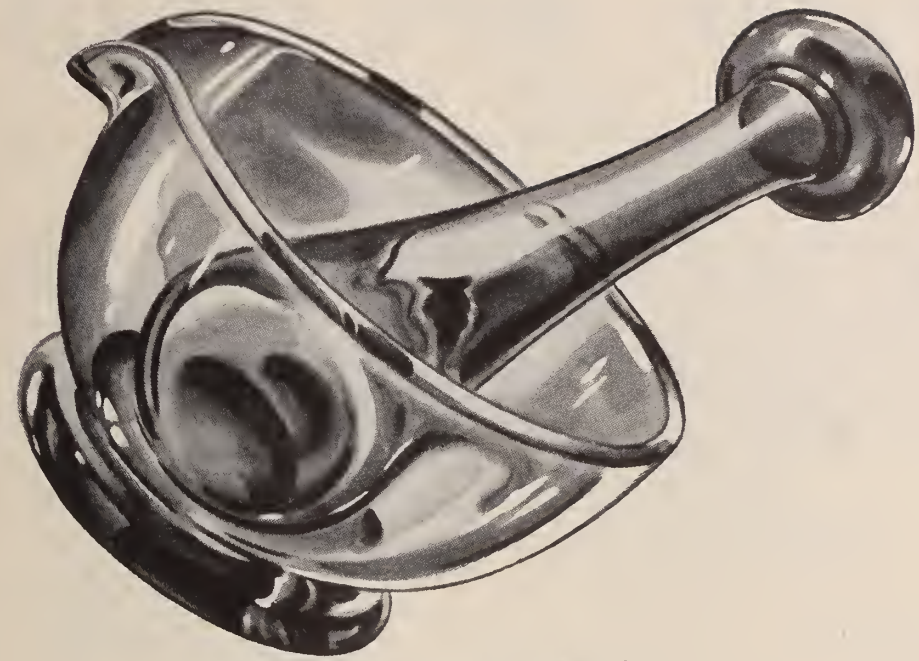
Check the coupon below for literature and samples desired.

LACTOGEN ☐ DEXTROGEN ☐ PELARGON ☐

Dr._____

Address_____

City_____ Zone_____ State_____



MORE AND MORE PHARMACISTS RECOMMEND

An increasing number of drugstores carry ethically acceptable KOROMEX gynecological products. • Beautifully packaged, tested quality*. . . contains essentials for the control of conception when prescribed by physicians. Time-tested for their efficacy . . . Koromex Jelly or Cream . . . with the exclusive patented Koromex introducer . . . establishes this item as a new scientific unit for fastidious women where conception-control is prescribed.

KOROMEX

*Fastest spermicidal time, measurable under Brown & Gamble Techniques. *Active Ingredients:* Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in suitable jelly and cream bases.

HOLLAND-RANTOS COMPANY, INC., 145 HUDSON STREET, NEW YORK 13, N.Y.

Merle L. Youngs PRESIDENT

PROFESSIONAL MEN'S PROGRAM

A PLAN OF

INCOME PROTECTION WITH LIFETIME BENEFITS

Available to Eligible Members of the

★MEDICAL ★DENTAL ★LEGAL PROFESSIONS

Summary of Combined Benefits Provided in Policy Form UG 20N of United Benefit and PG 20N of Mutual Benefit

Monthly Benefit	Double Monthly Benefits for Specified Travel Accidents	Accidental Death Benefit	Double Accidental Death Benefit for Specified Travel Accidents
$400.00	$800.00	$10,000.00	$20,000.00

SPECIFIC ACCIDENT BENEFITS	Regular Indemnity	Specified Travel Accidental Death Benefit
Accidental Death	$10,000.00	$20,000.00
Loss of Both Hands	10,000.00	20,000.00
Loss of Both Feet	10,000.00	20,000.00
Loss of Both Eyes	10,000.00	20,000.00
Loss of One Hand and One Foot	10,000.00	20,000.00
Loss of Either Hand, Foot or Eye	3,000.00	6,000.00
Physician's and Surgeon's Fees, for nondisabling injuries	50.00	50.00

Accidental Benefits: MONTHLY DISABILITY BENEFITS		
Total Disability, per month, to age 60	$400.00	$800.00
Total Disability, per month, after age 60	200.00	400.00
Partial Disability, per month	160.00	320.00

Nonconfining Illness incurred prior to age 60:
Benefits payable up to age 61, per month $200.00
★Thereafter—even for a LIFETIME—per month 100.00

Nonconfining Illness incurred after age 60:
Benefits payable up to twelve months, per mo. 200.00
★Thereafter—even for a LIFETIME—per month 100.00

Confining Illness incurred prior to age 60:
Benefits up to age 60, per month 400.00
Thereafter—even for a LIFETIME—per month 200.00

Confining Illness incurred after age 60:
Benefits payable—even for a LIFETIME—per month $200.00

ADDITIONAL BENEFITS

Hospital Benefits (either illness or accident), per month $200.00
Nurse's Benefits (if hospital confinement not required), per month 200.00

FEATURES OF THIS PLAN

- Covers all accidents except certain air travel accidents.
- Covers all ilness except venereal disease and insanity.
- Benefits payable for any injury incurred while flying as a fare-paying passenger in a scheduled aircraft.
- Waiver of Premium Provision.
- No reduction in benefits because of occupational change of duties.
- Nonaggregate—full limit of benefits paid for each disability.
- Double Limb Loss Benefits may be paid in one lump sum or in monthly installments for life provided total disability is incurred.
- Partial disability, Hospital and Nurse's benefits payable up to three months.
- No Automatic Termination Age.
- Pays disability benefits regardless of whether disability is immediate.
- Pays disability resulting from accidental bodily injury (the means or the act causing the injury is not a determining factor in the claim.)
- The Companies offer eligible members of your profession policies which guarantee your right to renew except for these reasons only: Nonpayment of premiums: if the insured leaves the practice of the profession: or, if renewals are declined on all like policies issued to members of your profession in your state. This means that the Companies cannot decline to renew any individual policy without similarly declining to renew all like policies issued to members of your profession in your state.

Address: Professional Department
Fifth Floor—Pan American Bank Bldg.
Miami, Florida

Please send complete information relative to program as offered in the Florida Medical Journal.

NAME .....

Address .....

Age .....

MUTUAL BENEFIT HEALTH AND ACCIDENT ASSOCIATION
OMAHA

UNITED BENEFIT LIFE INSURANCE COMPANY
OMAHA



Lisbon

....calling Lansing

From the day that powerful, short-acting Pentothal Sodium was first introduced by Abbott in 1934, the index of reports on its use for intravenous anesthesia has grown rapidly. Coming from every corner of the globe, from every land in which modern surgery is practiced, the file of literature on Pentothal Sodium now lists more than 1070 reports, 90 of which were published last year. This worldwide record—impressive tribute to an anesthetic developed by a single commercial laboratory—covers every phase of the use of Pentothal Sodium: indications and contraindications, advantages and disadvantages, techniques of administration and precautions to be observed. With such a guide, Pentothal Sodium can be employed for intravenous anesthesia safely, effectively and conveniently. Interested in more information about this product? Just drop a line to Abbott Laboratories, North Chicago, Illinois.

FOR INTRAVENOUS ANESTHESIA

Pentothal® Sodium

(STERILE THIOPENTAL SODIUM, ABBOTT)

A NEW MOTION PICTURE FILM on the uses and limitations of Pentothal Sodium anesthesia in obstetrical procedures is available to medical groups. Write to Abbott Laboratories, North Chicago, Ill.



HOW MANY LIKE HIM ARE YOUR PATIENTS?

FOR EACH OF THEM 7,500 HOGS ARE NEEDED

It takes one ounce of crystalline insulin to provide 40 units per day for 40 years. To make one ounce of insulin, the pancreatic glands from 7,500 hogs or 1,500 cattle are needed. Insulin and other glandular medicinals are available to your patients only because the meat packers of America save the pancreatic and other glands for pharmaceutical purposes. Without an adequate livestock population, serious and even life threatening shortages of these drugs would develop.

The Seal of Acceptance denates that the nutritianal statements made in this advertisement are acceptable to the Council an Faads and Nutritian of the American Medical Assaciation.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

Main Office, Chicago . . . Members Throughout The United States

The advice is always "SEE YOUR DOCTOR"

To an audience of over 23 million people, in LIFE and other national magazines, Parke, Davis & Co. presents the message shown below. This is the 211th advertisement in the campaign in behalf of the medical profession, published continuously since 1928.

A reproduction in full color will be sent on request. Write Parke, Davis & Company, Detroit 32, Mich.

Some things you should know about reducing your weight

No. 211 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



It is an accepted medical fact that excess weight can impair your health and efficiency, and possibly shorten your life.

One person's proper weight may be quite different from another's, however—even though their height and age are approximately the same. A large-boned, muscular person, for instance, should weigh considerably more than a small-boned person of the same height and age.

How much you should weigh is something to leave up to your doctor. Only your doctor can accurately judge whether your weight is within normal limits, or whether a loss or gain in weight is medically advisable.

If your doctor tells you that you weigh more than you should, it's just good sense to do something about it under his supervision. *To undertake a weight-reducing program without proper medical guidance is a foolish, and often dangerous, thing to do.*

It would be pleasant if there were some simple pill which would automatically and safely reduce your weight with no effort on your part. Unfortunately, *no such remedy exists.* So-called "reducing pills," taken without a physician's advice, are usually valueless and may be dangerous.

One type of pill, for instance, will cause you to lose weight—but only for a day or two! Its action is to remove water from body tissues, thus lowering your weight. But as soon as the water is replaced, the extra pounds are back again.

Another thing to beware of, in an effort to lose weight, is any sort of faddist diet.

A liquid diet may often be just as fattening as a normal one. A diet which concentrates on a particular food, and excludes most other foods, may deprive you of nutritive elements essential to the maintenance of good health.

SEE YOUR DOCTOR. Let him decide whether you should lose weight, how much you should lose, and how quickly. Let him tell you how you can do it without starving yourself, without risking your health. He can recommend a well-balanced diet. He can advise you about exercise. If he thinks medication will be helpful in your case, follow his instructions about dosage *exactly*. His advice is the only advice you can trust in matters that concern your health.

Makers of medicines prescribed by physicians **PARKE, DAVIS & CO.** Research and Manufacturing Laboratories, Detroit 32, Mich.

COPYRIGHT 1948, PARKE, DAVIS & COMPANY

10cc of BLOOD
in LESS than 7 seconds
without Hemolysis
when you
use



B-D VACUTAINER®

(A BLOOD COLLECTING TUBE)

and note these *ADVANTAGES*—

1 SPEED — 10cc of Blood in less than 7 seconds — under normal conditions. Speed of Vacutainer may permit one technician to do the work of two using other methods.

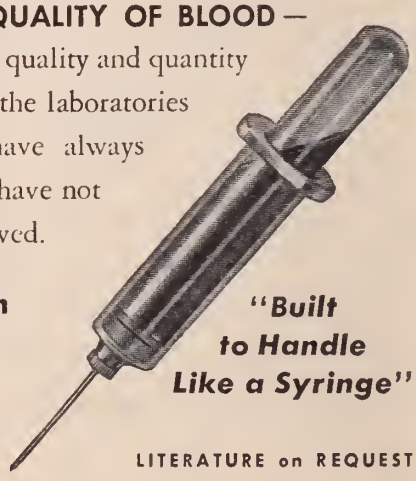
2 LOW COST — Original cost of equipment compares favorably with any other method. B-D Vacutainer saves cost of syringe, tube, cork, washing, scouring, sterilization, and other preparations for use. Less handling means less danger of breakage.

3 CLEANLINESS — Closed container eliminates contamination or possible spillage. Excess vacuum, after sufficient quantity of blood is taken into tube, automatically sucks residual blood from needle cannula into Vacutainer.

4 NO BLOOD TRANSFER NECESSARY — Blood is drawn from vein through needle into Vacutainer — where it remains for centrifuging and tests without need of transfer, also eliminating danger of outside contamination.

5 ADAPTABILITY — B-D Vacutainer tubes are available in a variety of sizes to fit most standard tests. They are supplied with or without anti-coagulant.

6 HIGH QUALITY OF BLOOD — Delivers the quality and quantity of blood to the laboratories that they have always wanted but have not always received.



"Built to Handle Like a Syringe"

● **B-D VACUTAINERS are obtainable through**
The FLORIDA STATE BOARD OF HEALTH
BUREAU OF LABORATORIES
Jacksonville, Florida

VACUTAINER T. M. REG.

LITERATURE on REQUEST

BECTON, DICKINSON & CO., RUTHERFORD, N. J.



When life is measured in days

Not years, nor months, but days measure the life of a new-born infant. And during the first 30 days when infant mortality is at its highest, every effort must be made to minimize the hazards to life. At this critical time, the right start on the right feeding can be of vital importance.

'Dexin' has proved an excellent "first carbohydrate." Because of its high dextrin content, it (1) resists fermentation by the usual intestinal organisms; (2) tends to hold gas formation, distention and diarrhea to a minimum, and (3) promotes the formation of soft, flocculent, easily digested curds.

Readily prepared in hot or cold milk, 'Dexin' brand High Dextrin Carbohydrate is palatable but not too sweet. 'Dexin' *does* make a difference.

'Dexin' HIGH DEXTRIN CARBOHYDRATE
BRAND

Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association.
'Dexin' Reg. Trademark

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 East 41st St., New York 17, N.Y.

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

. . . In a Setting of Inviting Friendliness and Simple Grace.

. . . Reservations Necessary, Elevation 1,200 Feet

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.
Willis T. McCurdy, M.D., Attending Physician
J. Rufus Evans, M.D., Attending Physician
Elizabeth Hancock, Psycho-Therapist
Eighty-five Consulting Physicians

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

We do not treat acute alcoholic intoxication or narcotic addiction



DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

Rexall

DRUGS

YOU CAN DEPEND ON ANY DRUG PRODUCT THAT BEARS THE NAME REXALL.

Samuel Plimsoll fought bitterly against the overloading of merchant ships which caused disasters at sea. From his fight came this symbol. It sets a limit beyond which a ship may not be burdened. To the seaman, this "Plimsoll mark" is a symbol of safety through rigid control.

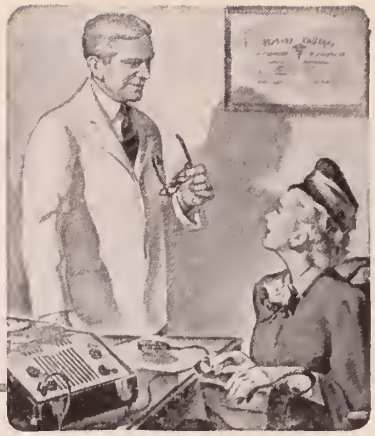
Another symbol of safety through rigid control is the blue and white symbol of Rexall. About 10,000 conveniently located, independent drug stores display the familiar Rexall sign. It is your assurance of reliable pharmaceuticals and superior pharmacal skill in their compounding.

REXALL DRUG COMPANY

LOS ANGELES, CALIFORNIA

PHARMACEUTICAL CHEMISTS FOR MORE THAN 45 YEARS

Handle More Cases



with extra time and attention for patients

use the

WEBSTER-CHICAGO *Electronic Memory* WIRE RECORDER

Enjoy extra time to get more done . . . and give your patients extra time when you Electronically Memorize important office or clinic calls. Transfer data later to patients' cards. This Webster-Chicago portable wire recorder plugs into an AC outlet—ready to use. Recording wire may be replayed thousands of times or kept indefinitely. Complete with microphone, 3 spools of wire.

WEBSTER-CHICAGO

MAKERS OF WEBSTER-CHICAGO RECORD PLAYERS AND NYLON PHONOGRAPH NEEDLES



WEBSTER-CHICAGO
5610 Bloomingdale Avenue Dept. M-6
Chicago 39, Illinois

Gentlemen: Send the Free Booklet on the Webster-Chicago *Electronic Memory Wire Recorder*. No obligation, of course.

Name .....

Address .....

City ..... Zone ... State .....

NOURISHING Food





Yes, there's a lot of good sound nourishment, as well as enjoyment, in Sealtest Ice Cream. In addition to Vitamin A and calcium it is rich in the other minerals, vitamins and protein of fresh cream and milk needed by everybody. Besides, it contains 10 important Amino Acids.

Southern Dairies

Sealtest ICE CREAM

THE MEASURE OF QUALITY

TUNE IN: The Sealtest Village Store, starring JACK CARSON with Eve Arden, Thursday Evenings, NBC

THIS SUGGESTION MAY BE OF VALUE FOR YOUR THROAT PATIENTS:

When cigarette smoking is a factor in throat irritation, many leading nose and throat specialists suggest* to their patients a choice of 3 alternatives:

1. Stop Smoking,
2. Smoke less,
3. *Change to* Philip Morris!

• Philip Morris is the *only* cigarette proved definitely and measurably less irritating!** Perhaps you too will find it worth while to suggest "*Change to* Philip Morris."... by far the wisest choice for *everyone* who smokes.



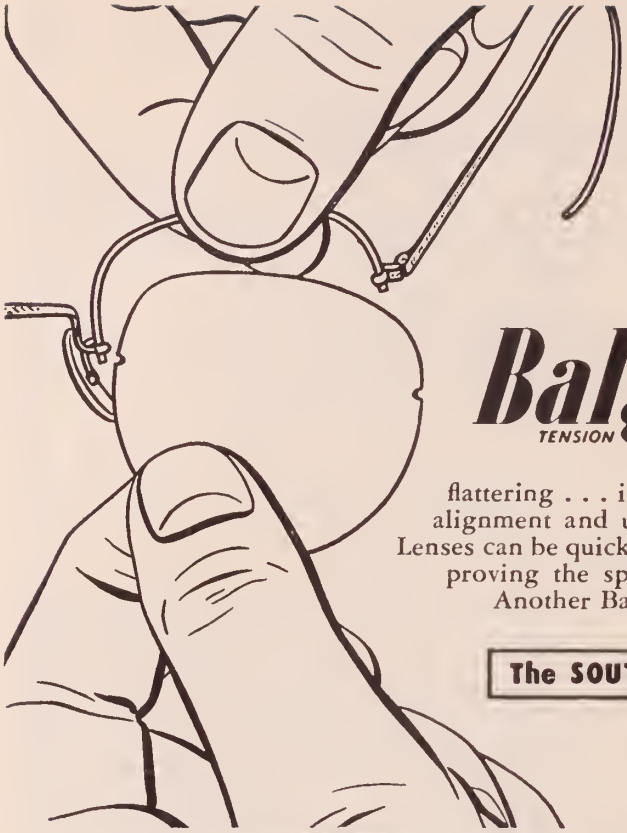
PHILIP MORRIS

Philip Morris & Co., Ltd., Inc.
119 Fifth Avenue, N. Y.

DO YOU SMOKE A PIPE? We suggest an unusually fine blend — Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

*Completely documented evidence on file.
**May we send you copies of these published studies:

Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60; Broc. Soc. Exp. Biol. and Med., 1934, 32-241; N. Y. State Journ. Med., Vol. 35, 6-1-25, No. 11, 590-592.



LATEST TRIUMPH
IN RIMLESS EYEWEAR

Balgrip
TENSION MOUNT

Show your patients that you are in step with the times . . . that you offer the newest in modern eyewear. Balgrip is flattering . . . is "different." Balgrip gives positive lens alignment and unobstructed edge-to-edge vision. Lenses can be quickly and easily replaced—a help in improving the speed of your service to your patients. Another Bausch & Lomb first!

The SOUTHEASTERN OPTICAL CO., Inc.
BAUSCH & LOMB

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New AR-EX HYPO-ALLERGENIC NAIL POLISH

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY
AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Dlathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.



HOYE'S SANITARIUM

"In the Mountains of Meridian"

Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye

Fellow of the American Psychiatric Association



BRAWNER'S SANITARIUM

Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable **Convenient**
Site High and Healthful

E. W. Allen, M.D., *Department for Men*
H. D. Allen, M.D., *Department for Women*
Terms Reasonable

The Brown Schools

INC.

FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas

S. A. Kyle *Funeral Director*

MEMBER National Selected Morticians BY INVITATION

17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA

Phones 5-3766 5-3767

BISCAYNE HOSPITAL

6339 Biscayne Blvd.
MIAMI 38, FLORIDA

Members of the Dade County Medical Association are acquainted with the high type of service rendered.

Frances Spieler, Superintendent
David Collins, Business Manager

Registered, American Medical Association

Phone 7-4544

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Intensive Course in Surgical Technique, Two Weeks, starting May 10, June 7, July 19.
Surgical Technique, Surgical Anatomy & Clinical Surgery, Four Weeks, starting May 24, June 21, August 2.
Surgical Anatomy & Clinical Surgery, Two Weeks, starting May 10, June 7, July 6.
Surgery of Colon & Rectum, One Week, starting May 24, June 14.
Surgical Pathology every two weeks.
UROLOGY—Intensive Course, Two Weeks, starting September 27.
FRACTURES & TRAUMATIC SURGERY—Intensive Course, Two Weeks, starting June 7.
OPHTHALMOLOGY—Intensive Course, Two Weeks, starting May 10.
Ocular Fundus Diseases, One Week, starting June 7.
GYNECOLOGY—Intensive Course, Two Weeks, starting June 7, September 13.
Vaginal Approach to Pelvic Surgery, One Week, starting June 21.
OBSTETRICS—Intensive Course, Two Weeks, starting June 21, September 27.
MEDICINE—Intensive Course, Two Weeks, starting June 7.
Personal Course in Gastroscopy, Two Weeks, starting June 28, July 12. Electrocardiography & Heart Disease, Two Weeks, starting August 2.
Hematology, One Week, starting May 10.
Gastroenterology, Two Weeks, starting May 24.
DERMATOLOGY—Formal Course, Two Weeks, starting June 7.
Clinical Course every two weeks.
ROENTGENOLOGY—Every Two Weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES
Teaching Faculty
Attending Staff of Cook County Hospital
Address:
Registrar, 427 South Honore Street, Chicago 12, Illinois

MIAMI RETREAT SANATORIUM

FOUNDED 1927

For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites

79TH STREET AT MIAMI AVENUE
MIAMI 38, FLORIDA
Phone 7-1824



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road. Wheaton, Illinois (near Chicago)

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

85c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS

$15,000,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

46 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

CONVENTION PRESS

218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA

CP

Commercial and
Publication
Printing

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	William C. Roberts, M.D. 348 Cove Blvd. Panama City	Russell T. Stewart, M.D. Panama City		13	6	
	Escambia *Santa Rosa*	Joe I. Turberville, M.D. Century	Nathan S. Rubin, M.D. 5 E. Gregory St. Pensacola	2nd Tuesday 8:00 P.M.	60	49	
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	2	A-1-50 William P. Hixon, M.D. Pensacola
	Jackson *Calhoun*	Courtland D. Whitaker, M.D. Burton Bldg. Marianna	Francis M. Watson, M.D. 120 Deering St. Marianna	3rd Thursday 7:30 P.M.	15	13	
	Walton-Okaloosa	Ralph B. Spires, M.D. DeFuniak Springs	Arthur G. Williams, Sr. Lakewood	3rd Thursday 8:00 P.M.	13	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Chipley		5	100%	
	Columbia *Baker-Hamilton*	W. M. Ives, M.D. 20 W. Madison St. Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	14	100%	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	Taylor W. Griffin, M.D. Quincy	Edward C. Love, Jr., M.D. Masonic Temple Bldg. Quincy	Quarterly 7:30 P.M.	45	40	A-2-49 Irby H. Black, M.D. Live Oak
	Madison-Suwannee	C. LeRoy Adams, Jr., M.D. Parshley Bldg. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		9	7	
	Taylor *Dixie-Lafayette*	Walter J. Baker, M.D. Foley	Ralph J. Green, M.D. Perry	Last Friday 8:00 P.M.	4	100%	185
B	Alachua *Bradford, Gilchrist Union*	J. Maxey Dell, Jr., M.D. 331 W. Main St., S. Gainesville	F. Emory Bell, M.D. Box 400 Gainesville	2nd Tuesday 8:00 P.M.	34	32	
	Duval *Clay*	John A. Beals, M.D. 1900 Boulevard Jacksonville	Elmer E. Leitner, M.D. 33 W. Ashley St. Jacksonville	1st Tuesday 8:15 P.M.	235	202	
	Marion *Levy*	Hugh H. Barfield, M.D. 1317 S. Orange St. Ocala	Bertrand F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12.30 P.M.	31	25	B-3-50 Charles C. Grace, M.D. St. Augustine
	Nassau	David G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
	Putnam	Edward W. Ford, M.D. Crescent City	James W. Davidson, M.D. 6 S. Main St. Crescent City	2nd Tuesday 6:00 P.M.	8	7	
	St. Johns	Hardgrove S. Norris, M.D. 168 Marine St. St. Augustine	S. Raymond Cafaro, M.D. Exchange Bank Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	100%	
	Brevard	I. Kimbell Hicks, M. D. Melbourne	Theodore J. Kaminski, M.D. Box 576 Melbourne	2nd Tuesday	15	12	
	Lake *Sumter*	Howard G. Holland, M.D. 1112 W. Main St., Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	24	14	B-4-49 Rabun H. Williams, M.D. Eustis
	Orange *Osceola*	Rollin D. Thompson, M.D. Box 3513 Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	130	125	
	Seminole	Harry Z. Silsby, M.D. Box 642 Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	11	100%	
	Volusia *Flagler*	Charles E. Tribble, M.D. DeLand	Robert L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	49	48	560
C	Hillsborough	Douglas D. Martin, M.D. 442 W. Lafayette St. Tampa	Herschel G. Cole, M.D. 315 Wallace S. Bldg. Tampa	1st Tuesday 8:00 P.M.	138	134	
	Manatee	Millard P. Quillian, M.D. Walcaid Bldg. Bradenton	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	3rd Tuesday 7:00 P.M.	18	16	C-5-49 John M. Butcher, M.D. Sarasota
	Pasco-Hernando-Citrus	William G. Mason, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	14	12	
	Pinellas	M. Eldridge Black, M.D. 311 Coachman Bldg. Clearwater	Whitman C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg	1st and 3rd Thursdays 6:30 P.M.	160	156	
	Sarasota	John M. Butcher, M.D. 209 Commercial Ct. Sarasota	Talmadge S. Thompson, M.D. Box 224 Venice	2nd Tuesday 8:30 P.M.	23	22	
	DeSoto-Hardee-Highlands-Charlotte-Glades	Zaven M. Seron, M.D. Sebring	Howard V. Weems, M.D. 22 Oak St. Sebring	2nd Tuesday 8:00 P.M.	26	24	C-6-50 H. Quillian Jones, M.D. Ft. Myers
	Lee *Collier, Hendry*	Harvie J. Stipe, M.D. 210 Richards Bldg. Ft. Myers	H. Quillian Jones, M.D. 311 Professional Bldg. Ft. Myers	3rd Tuesday 7:30 P.M.	21	20	
	Polk	Chester H. Murphy, M.D. Bartow	John W. Vaughn, M.D. Box 475 Lakeland	2nd Wednesday 7:00 P.M.	73	67	473
D	Palm Beach	Victor Clarholm, M.D. Box 672 West Palm Beach	Ralph M. Overstreet, Jr., M.D. 820 Comeau Bldg. West Palm Beach	3rd Monday 8:00 P.M.	84	79	D-7-50 Erasmus B Hardee, M.D. Vero Beach
	St. Lucie-Okeechobee-Indian River-Martin	Hugh B. Goodwin, Jr., M.D. Arcade Bldg. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	21	15	
	Broward	Milton N. Camp, M.D. 720 Sweet Bldg. Ft. Lauderdale	Alva R. Taylor, M.D. 414 Blount Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	65	63	D-8-49 Russell B. Carson, M.D. Ft. Lauderdale
	Dade	Robert T. Spicer, M.D. 404 Ingraham Bldg. Miami	Benjamin G. Oren, M.D. 628 duPont Bldg. Miami	1st Tuesday 8:30 P.M.	467	357	
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	Herman K. Moore, M.D. 811 United St. Key West	2nd Thursday 8:00 P.M.	11	10	648

*Supervise and aid until organized separately.

Total 86



Theocalcin

COUNCIL ACCEPTED

More Comfort for the Cardiac Patient

Prescribe Theocalcin 1 to 3 tablets t.i.d., to diminish dyspnoea, reduce edema and bring comfort to your cardiac patients. Theocalcin is a well tolerated diuretic and myocardial stimulant.

Theocalcin (theobromine-calcium salicylate) is available in 7½ grain tablets and as a powder. Theocalcin Trade Mark reg. U. S. Pat. Off.

BILHUBER-KNOLL CORP.
ORANGE, - - - NEW JERSEY.

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	Joseph S. Stewart, Miami	Robert B. McIver, Jacksonville	
Florida Medical Districts	Herman Watson, Lakeland	Council Chairman	
A-Northwest	Irby H. Black, Live Oak	William P. Hixon, Pensacola	Live Oak, 1948
B-Northeast	Rabun H. Williams, Eustis	Charles C. Grace, St. Augustine	Daytona Beach, 1948
C-Southwest	John M. Butcher, Sarasota	H. Quillian Jones, Ft. Myers	Bradenton-Sarasota, 1948
D-Southeast	Russell B. Carson, Ft. Lauderdale	Erasmus B. Hardee, Vero Beach	West Palm Beach, 1948
American Medical Association	Edward L. Bortz, Philadelphia	Geo. F. Lull, Chicago	Chicago, June 21-25, 1948
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	J. Paul Jones, Camden, Ala.	Douglas L. Cannon, Montgomery	Montgomery, Ala., Apr. 19-21, 1949
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	
Florida—			
Academy, Public Medicine	Robert T. Spicer, Miami	Shaler Richardson, Jacksonville	
Basic Science Exam. Board	Paul A. Vestal, Winter Park	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 23-June 5, '48
Dental Society, State	Horace L. Cartee, D.D.S., Miami	John I. Todd, D.D.S., Jacksonville	Hollywood, Dec. 12-15, 1948
Derm. and Syph., Soc. of	Lauren M. Sompayrac, Jacksonville	Wesley W. Wilson, Tampa	
Genl. Practice of Med.	Eugene G. Peek, Ocala	M. Crego Smith, Clearwater	
Health Officers' Society	Roger F. Sondag, Jacksonville	Lorenzo L. Parks, Jacksonville	
Hospital Association	E. C. H. Pearson, W. P. Beach	Mr. H. A. Schroder, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
Industrial & Railway Surgeons	Lloyd J. Netto, W. P. Beach	J. H. Mitchell, Jacksonville	
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, June 29-30, 1948
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 28 -July 3, '48
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	
Neurology & Psychiatry	H. Mason Smith, Tampa	William H. McCullagh, Jacksonville	
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Helen Shearston, Miami	West Palm Beach, Fall, 1948
Ophthal. & Otol., Soc. of	William Y. Sayad, W. P. B.	W. Jerome Knauer, Jacksonville	
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	
Pediatric Society	James R. Boulware, Jr., Lakeland	Hugh A. Carithers, Jacksonville	
Pharmaceutical Association, State	Mr. A. B. Ware, Branford	Mr. R. Q. Richards, Ft. Myers	
Public Health Association	Wilson T. Sowder, Jacksonville	Mr. Fred B. Ragland, Jacksonville	Panama City, Oct. 7-9, 1948
Radiological Society	J. Maxey Dell, Jr., Gainesville	John A. Beals, Jacksonville	
Tuberculosis & Health Assn.	Mr. Lacy G. Thomas, Groveland	Mr. E. W. Crouch, Foley	Jacksonville, May 3, 4, 1948
Woman's Auxiliary	Mrs. L. E. Parmley, Winter Haven	Mrs. C. R. Morgan, Jr., Miami	
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Allergy Assn.	J. Warrick Thomas, Richmond, Va.	Kath. B. MacInnis, Columbia, S. C.	
Southeastern, Am. College Phys.	Webster Merritt, Jacksonville	Florida Program Chairman	Atlanta, 1948
Southeastern Am. Urological Assn.	Harold P. McDonald, Atlanta	Russell B. Carson, Ft. Lauderdale	Boca Raton, March, 1949
Southeastern Surgical Congress	Gilbert Douglas, Birmingham, Ala.	B. T. Beasley, Atlanta	



NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

THE N.Y. ACADEMY OF MEDICINE
948
N.Y.

The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIV JUNE, 1948 No. 12

IN THIS ISSUE

President's Address
William C. Thomas

Convention Proceedings
Page 716

President Joseph S. Stewart
Page 739

Graduate Medical Education
An Editorial

(Complete Table of Contents on Page 705)

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION, INC.

Proven effectiveness

in allergic disorders



confirms the distinctive position of

BENADRYL

as an outstanding

antihistaminic

agent.

BENADRYL

Therapeutic results reflect its abundantly documented background of basic research and clinical investigation. The great volume of reports on hand and ever increasing affords an imposing array of clinical data on BENADRYL.

The antihistaminic action of BENADRYL may be utilized in relieving the symptoms of hay fever, pollen asthma, acute and chronic urticaria, angioneurotic edema, erythema multiforme, contact dermatitis, pruritic dermatoses, dermographism, drug sensitization, serum sickness, physical allergy and vasomotor rhinitis.

BENADRYL HYDROCHLORIDE (diphenhydramine hydrochloride P. D. & Co.) in doses of 25 to 50 mg., repeated as indicated, is usually sufficient to bring relief. Available in a variety of forms to facilitate individualized dosage and flexibility of administration including Kapseals® of 50 mg. each, capsules of 25 mg. each, and a palatable elixir containing 10 mg. per teaspoonful.

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

MEDICAMENTA VERA · P D & CO.

PRENATAL SUPPORTS



CAMP

Of the so-called minor complaints of pregnancy, a contributor to the medical literature* makes the following statement concerning backache —

"Backache seemed to be due to several causes. Strain of the lumbar muscles and the vertebral ligaments, due to a change in the center of gravity was often responsible; fallen arches aggravated the complaint. It was relieved by rest in bed. A maternity corset with moderately rigid stays in the back was of benefit . . . Sacro-iliac relaxation as evidenced by pain over the joint was usually unilateral and was referred along the sciatic nerve. Usually a maternity corset would relieve it. This corset should have a strap or other device that will pull it snug over the sacro-iliac region."

Charles J. Marshall, New York Journal of Medicine, Vol. 34, Aug. 15, 1934

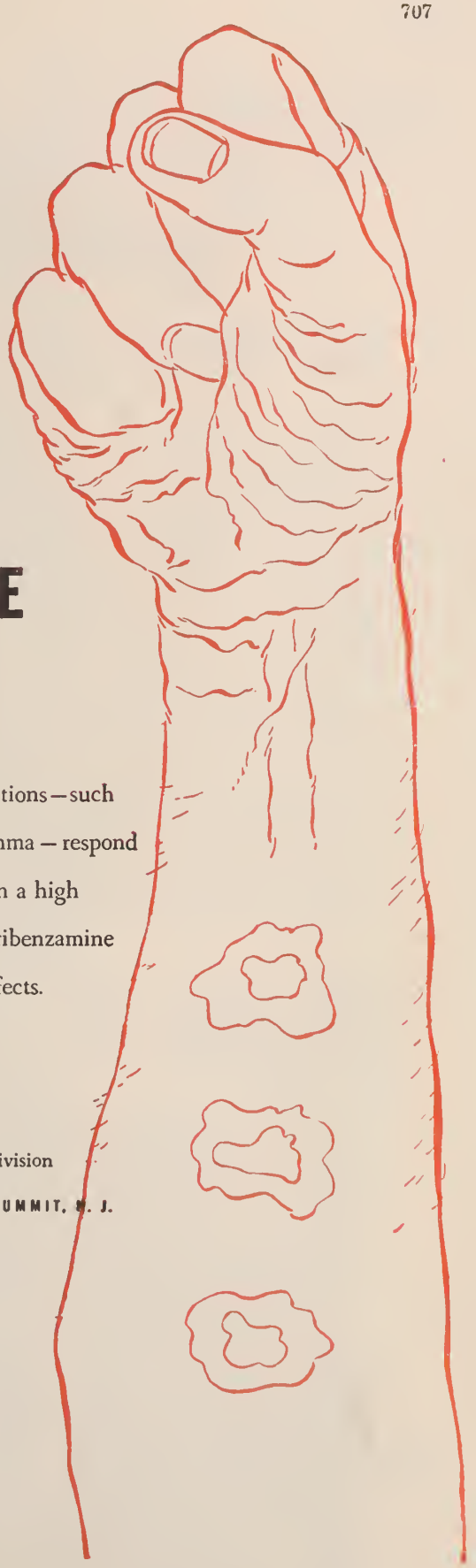
Camp prenatal supports are unique in that the overstrap with its buckle (through which the lacings ply) allows the support to be drawn evenly and firmly about the pelvis; thus the pelvic joints are protected and steadied.

From such a foundation, the back of the patient is well supported and the abdominal muscles are aided in holding the increasing load in position.

S. H. CAMP AND COMPANY • JACKSON, MICHIGAN

World's Largest Manufacturers of Scientific Supports

Offices in New York • Chicago • Windsor, Ontario • London, England



in common allergies

PYRIBENZAMINE

Whatever the source, common allergic conditions—such as urticaria, seasonal allergic rhinitis, asthma—respond favorably to Pyribenzamine hydrochloride in a high percentage of cases. Reports reveal that Pyribenzamine is more effective and produces fewer side effects.

For further information, write Medical Service Division

● CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.

Ciba

PYRIBENZAMINE (brand of tripelennamine) Trade Mark Reg. U.S. Pat. Off.

put *Summer Safety* in your formula prescription



Adding cooled boiled water to BIOLAC—as her physician directs—is the only precaution that a vacation-minded mother need take when preparing her infant's formula during the summer months. This simple procedure not only facilitates formula preparation, but also minimizes the possibilities either of contamination under adverse travel or resort conditions, or the chance omission of needed vitamins, carbohydrates or iron. BIOLAC, when supplemented by vitamin C, is a complete infant food. In readily assimilable form, it dependably provides all the essential proteins, vitamins, minerals, carbohydrates and other nutritional factors needed for optimum health.

Biolac dilution is easily calculated—quickly prepared: 1 fl. oz. Biolac to 1½ fl. oz. water per pound of body weight.

Biolac is a liquid modified milk, prepared from whole and skim milk, with added lactose, and fortified with thiamine, concentrates of vitamins A and D from cod liver oil, and iron citrate; only vitamin C supplementation is necessary. Evaporated, homogenized and sterilized. Available in 13 fl. oz. tins at drugstores everywhere.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE. NEW YORK 17. N. Y.

Biolac

"Baby Talk" for a Good Square Meal



Experience is the Best Teacher



Paul Ehrlich
(1854-1915)
proved it in chemotherapy

Paul Ehrlich, expanding on his knowledge gained as a pupil of Koch, concluded from his experiences in the staining of bacteria that there was a close chemical affinity between the cellular body and the stain. This idea led him to believe that specific drugs could be found which would kill invading pathologic organisms, without damage to the host. His conclusions helped create the science of chemotherapy, which is increasingly important today.

Experience is the best teacher in cigarettes too!

Yes! Experience counts—today as always. And with the thousands and thousands of smokers who have tried and compared many different brands of cigarettes, Camels are the "choice of experience."

Try Camels yourself! See how your taste welcomes the rich, full flavor of Camel's choice, properly aged, expertly blended tobaccos. And see how your throat appreciates Camel's cool, cool mildness.

Let your own experience tell you why *more people are smoking Camels than ever before.*





R. J. Reynolds Tob. Co., Winston-Salem, N. C.

According to a Nationwide survey:

More Doctors Smoke CAMELS
than any other cigarette

Three independent research organizations in a nationwide survey asked 113,597 doctors to name the cigarette they smoked. More doctors named Camel than any other brand.

Picture this on your office wall!

Here is a message every patient should see. It appears in full color in LIFE and other national magazines—reaching more than 23 million people.

Would you like a copy for your reception room? Write to Parke, Davis & Company, Detroit 32, Michigan.

Some things you should know about being a good patient

No. 212 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



FOR your own sake, as well as your doctor's it is vitally important to be a "good patient."

Often it is your co-operation with your doctor that makes the difference between an early recovery and a late one, between a minor illness and a serious one.

Here are some of the ways you can help your doctor, and yourself:

1. If you feel sick, call your doctor at once. Don't wait for a serious illness to develop before you ask his help. The sooner he sees you, the more he can do to help you avoid a major illness.

2. Before you telephone your doctor, make a list of the questions you want to ask him. Have a paper and a pencil handy when you call, so that you may take down his instructions. This way you will save your doctor's time, and remember *accurately* what he tells you.

3. Answer your doctor's questions *fully*. A previous illness may not seem to you to have any bearing on your present condition. But to your doctor it might furnish a valuable clue. Tell him complete facts. Let *him* decide what is important.

4. Follow your doctor's instructions *exactly*. If he prescribes medicine, take it *according to directions*. Remember, a larger dose than that prescribed won't cure you faster. And it might be harmful.

5. Never use medicine prescribed for somebody else, or for a previous illness of your own. However similar your symptoms may appear to you, the nature of your illness may be quite different. Only your doctor can accurately diagnose your trouble and prescribe proper treatment.

6. If your doctor advises an operation, don't put it off. With modern surgery, modern hospital care, you seldom have reason to fear an operation.

7. The new medical treatments you read about in the popular press aren't likely to be news to your doctor. If your doctor has not recommended a new treatment to you, it is probably because there are still some questions about its value, some limitations not stressed in popular reports, or some factors in your case which would make the treatment undesirable or ineffective for *you*.

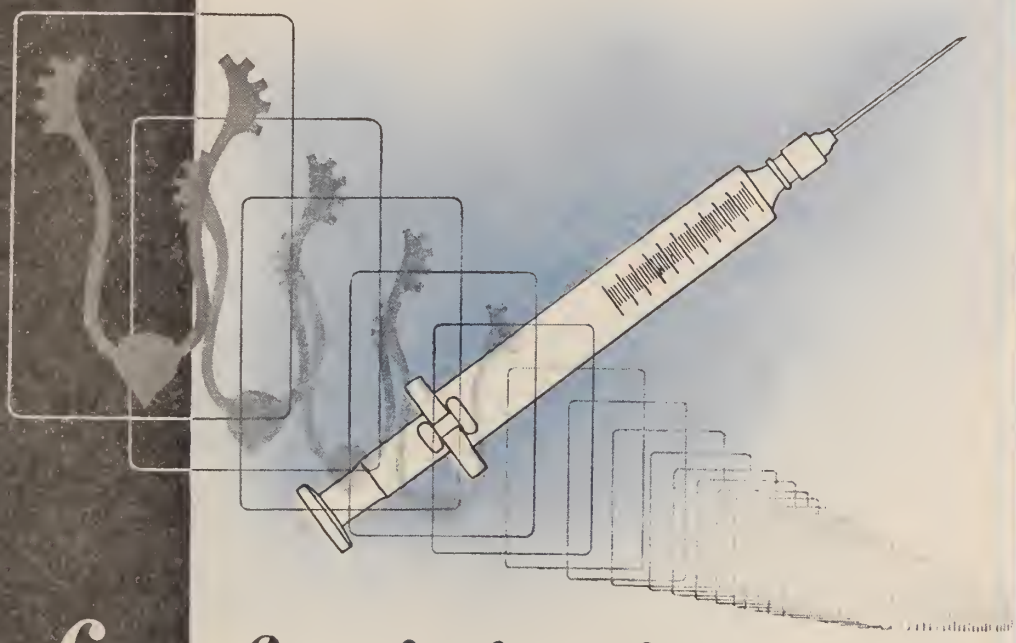
8. Don't ask your doctor to advise you about members of your family whom he himself has not seen. He cannot risk giving an opinion about a patient of whose condition he has no firsthand knowledge.

Makers of medicines prescribed by physicians

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories, Detroit 32, Mich.

COPYRIGHT 1946, PARKE, DAVIS & COMPANY



Safe for injection

The safety record of NEO-IOPAX* — Schering's brand of sodium iodomethamate for intravenous urography — is noteworthy: more than fifteen years of effective urinary tract visualization *without a single fatality* reported in the literature. The relative safety of

NEO-IOPAX®

(disodium N-methyl-3,5-diiodo-chelidamate)

is due to its unique composition and stability, the meticulous care exercised in its preparation, the careful control of all manufacturing stages, and the rigorous inspection of the finished product. Each ampul of NEO-IOPAX is sterile and free from foreign particles.

NEO-IOPAX is available in 10, 20 and 30 cc. ampuls of 50% concentration and 10 and 20 cc. ampuls of 75% concentration. Packaged in boxes of 1, 5 and 20 ampuls.

*®

Schering

CORPORATION • BLOOMFIELD, NEW JERSEY
IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

NEO-IOPAX

SCHERING



ESPECIALLY DURING

Post-Infectious Recovery

Following recovery from severe infectious disease, acute nutritional deficiencies must be corrected promptly if maximum speed of recovery is to be attained. The nutrient imbalance which exists during this period usually involves not only members of the vitamin B complex, but also proteins as well.

The delicious food drink made by mixing Ovaltine with milk is a pleasant and effective means of increasing the intake of virtually all essential nutrients. Easily digested and of low curd tension, it does not impose an undue digestive burden, and is frequently acceptable when other foods are refused. Three glassfuls daily supply significant amounts of B complex and other vitamins including ascorbic acid, biologically adequate protein, readily digested fat and carbohydrate, and the important minerals copper, iron, and calcium. This dietary supplement is enjoyed by all patients, young and old, and is taken without difficulty in recommended amounts. Hence it might well be included routinely in the dietary of convalescence.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.



A Supplement to Fine Surgery

APPLICATION of Tincture 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly) to the operative field assures rapid elimination of many pathogenic organisms. Extra protection is afforded because 'Merthiolate' continues to inhibit and destroy organisms as they are released from sebaceous and sweat glands during the surgical procedure. 'Merthiolate' does not coagulate tissue proteins. Significant, too, is its compatibility with soap and other defatting agents.

'Merthiolate,' the many-purpose antiseptic, is available in the following convenient-to-use preparations:

'Merthiolate' Tincture	1:1,000
'Merthiolate' Solution	1:1,000
'Merthiolate' Jelly	1:1,000
'Merthiolate' Ophthalmic Ointment	1:5,000
'Merthiolate' Suppositories	1:1,000

Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.



A 15 x 12 reproduction of this Raymond Breinin illustration is available upon request.

Lilly in India

"IT IS TO THE HINDUS that we owe the first system of medicine," states Wise. Other Western scholars have indicated that the Greeks are indebted to the ancient Hindus for the growth and development of medical knowledge. Since modern Western medicine is principally based on the Greek system, we are indirectly dependent, in some particulars, upon Indian medicine and surgery.

The year 1869 marked the beginning of modern medical research in India. The ensuing years have witnessed the steady development of research laboratories in many parts of that country.

The first Lilly medical service representative began his calls on the physicians of India in 1931. Today, the physicians in general and specialty practice, as well as those connected with research institutions, are visited regularly. In 1947, a Lilly branch house was established in Bombay. Future developments in medical research in India will, whenever possible, have the full co-operation and support of the Lilly organization. By these means are the discoveries of science developed into practical forms for the benefit of all.



THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY
Volume XXXIV | Jacksonville, Florida, June, 1948 | No. 12

President's Address

WILLIAM C. THOMAS, M.D.
GAINESVILLE

This is the occasion to which I have been looking forward for the past two years—not the privilege of addressing the members of the Association gathered here, but the knowledge that on Wednesday I will shed the mantle of responsibility. These two years, the first as President-elect and onlooker, and the last as President of the Florida Medical Association, are years I shall always treasure for providing me the opportunity of intimate association with the officers and counselors of the Association. The attendance at the meetings of the Board of Governors and the journeys over the state for the various district meetings, which enabled me to become acquainted with more of the medical men of Florida, have been rare privileges.

Now permit me to bring you up to date on some of the affairs of the Association which have taken place since the last annual meeting.

PUBLIC RELATIONS

The Florida Academy of Public Medicine, which was begun during 1946, has been incorporated. This is the Association's Bureau of Public Relations. For the working out of the details of this organization we are indebted chiefly to Dr. Shaler Richardson. He has performed an excellent service, just as he has done in everything else which he has undertaken for the Florida Medical Association. The Executive Secretary of this Bureau, Mr. Ernest R. Gibson, has ere this time become known to most of you. The Academy has a Board of Directors and two types of membership: the active, which consists of the elected delegates and the officers and Board of Governors of the Association; and the inactive, which consists of the remaining members of the Florida Medical Association. Through an oversight, the chairman of the Committee on Public Relations and the chairman of the Committee on Legislation and Public Policy were not included among the Board of Directors. This error will be corrected at the annual meeting, which is to convene Wednesday afternoon. The active members are urged to attend this meeting, and any member of the Association is invited to be present.

Mr. Gibson is doing a fine job. He has contacted most, if not all, of the county medical societies, and in quite a number of these societies the program of the Academy is going forward. His chief advisor has been Dr. Frank G. Slaughter, chairman of the Committee on Public Relations.

In the report of the Board of Governors a recommendation has been made to change our legislative policy. One county society has presented a resolution advocating the procurement of services of a paid lobbyist, who will be present to attend to medical affairs throughout the session of the legislature in Tallahassee. The change recommended is patterned after the method of the American Medical Association. This seems to be more dignified, and, I think, will bear much better fruit in the end. The plan is to have a strong Legislation and Public Policy Committee, which committee is to maintain at Tallahassee throughout the session of the legislature a Bureau of Medical Information. Mr. Gibson is to be present at all times. In addition, the various members of the Committee on Legislation and Public Policy and such other members of the Association as may be designated are to be present in overlapping periods. This overlapping of periods is to give the incoming physician opportunity to become cognizant of what is taking place. The question will arise: How is one going to give up a week and who will be willing to do so? The answer is: If we are not willing to make some sacrifice to further the cause of medicine, we will all lose by not doing so. The groundwork for legislative action must be laid now, not after the session of the legislature convenes.

Delivered before the Seventy-Fourth Annual Meeting of the Florida Medical Association, St. Augustine, April 12, 1948.

THE BLUE CROSS AND THE BLUE SHIELD

The Blue Cross is a nonprofit hospital insurance corporation. The organization was fostered by hospitals for self preservation and has been encouraged and abetted by organized medicine. It has reached huge proportions and covers the entire United States and parts of Canada. At present the enrolment is between twenty-nine and thirty million. Mistakes have been made in this corporation, which probably were due chiefly to offering coverage greater than the low rate premiums could provide. These rates have been increased. This organization has been a salvation of both the patients and the hospitals. The Blue Cross is a lay organization.

The Blue Shield is the child of organized medicine. It was financed by physicians and is operated by physicians and sympathetic laymen. It was formed to help protect the low income group. While our own Blue Shield is limited in that it covers only surgery and obstetrics and is for group coverage only, it is our answer to federal health insurance. If we fail to support it, we have no answer to those advocating state medicine. Some, especially physicians of the Western states, consider the appointment of General Hawley, as head of both Blue Cross and Blue Shield, a step toward the merger of the two organizations. The Blue Shield is a medical organization, and its merger with the Blue Cross should, in my opinion, be opposed to the utmost. If such a merger should be consummated, organized medicine will, in all probability, withdraw its support of the Blue Shield, as the medical control of the organization will be lost. We are not responsible for the operation of the Blue Cross, but are responsible for the operation of the Blue Shield.

These two nonprofit organizations have made enormous headway—so much so, that insurance corporations think they should take over both corporations. The insurance corporations argue that they are tax-paying and that the Blue Cross and Blue Shield, being nontaxable, offer unfair competition. Also, they contend that private corporations are equipped to offer increased services at less costs. My only answer is that both of these nonprofit organizations were formed for the purpose of filling specific needs which were not being filled. One insurance representative stated: "If that is the way the doctors feel about it, we had better have socialized medicine," meaning compulsory federal health insurance. If such ever be the case, commercial hospital, health and accident insurance corporations will, of necessity, liquidate.

THE PUBLIC ATTITUDE

As you all know, the practice of medicine, as we know and practice it, is on trial. It is being criticized from all angles. Probably every criticism stems from a just complaint—whether it be from a patient who has been overcharged, from a stranger who could not obtain professional medical service, from one whose call was refused on account of lack of funds, or from one whose night call was refused; or whether it arise from the practice of so-called rebating on lenses by the optical companies, rebating on prescriptions by drug stores, or rebating by laboratories. These may all be just complaints. They are not motivated by the profession as a whole, but by individual members. Yet, the public castigates the entire medical profession for the defects of a few.

There is no question but that some house cleaning is in order in our profession. If the practice of exploiting the patient financially is sufficiently condemned by the profession, it will be reduced to a minimum. The failure to answer a call, whether it be to a stranger or to one without funds, is something that very seldom occurs in the smaller communities, where physicians are fewest in number and the working hours are almost beyond human endurance. It occurs in the more urban centers where physicians are more plentiful. For self preservation, these urban communities should establish reference bureaus where all irregular calls may be referred to physicians who will respond. There are physicians who will respond. It is a question of getting patient and physician in contact. I do not think that anyone will be able to procure glasses any cheaper from an individual optician, who does not rebate, than from either of the so-called "big optical companies." Yet the practice of rebating on lenses has placed a large number of our better oculists in a bad light. It is up to these oculists to make such changes as will remove the cloud that has been cast over the entire field. The practice of rebating by drug stores and laboratories is to be condemned. It is to our shame that organized medicine should be forced by outside influences to do the house cleaning which should have been initiated from within the fold.

The medical profession has lost some of its prestige in the estimation of the public—this,

through our own fault. We cannot say as did Mr. Gould, "The public be damned." We depend on this public for our livelihood. We have something to sell and this is service. When we allow the dollar mark to be our only gage of compensation, we are defeatists. Our young men coming from their training have the question of a livelihood uppermost in their minds. They should not be given the usual cold reception that they receive from so many of the established men of the profession. A well trained physician who has a personality and a spirit of service need never fear for finances. Any number of these young men, when in search of a place in which to locate, are too frequently advised that some other community offers a more fertile field. These men should be encouraged by words as well as acts. Aided by such encouragement and by the example of the older physician, they will lose their sense of insecurity and will soon be able to take their proper place in the medical profession. My advice to any young man in search of a location in which to establish himself is, to quote the late Dr. J. M. T. Finney: "Go where you want to live. If you have any salt in you, you need not fear about making a living." I frequently quote one of our own most revered fellow physicians, who, when approached by a young physician worried about uncollected bills, advised the young man to stop worrying about the dollar, but to worry more about his patients, for then, the dollars would take care of themselves. A few months later the young man returned and informed the older physician that his advice was correct.

CIVIC OBLIGATIONS

We, as physicians, are not taking our proper part in public affairs. We are too busy to vote. Why cannot we emulate our fellow physician, Dr. William L. Pressley of Due West, S. C., who was runner-up in the American Medical Association contest for the outstanding general practitioner of the year? Dr. Pressley is a citizen as well as a physician.

With all the loss of prestige, the medical men still constitute the most powerful group in America today. We control the welfare of the nation. We are the only group in the world which is doing its utmost to work itself out of a job. We can mold public opinion as well as legislative action. The question is: Will we allow INERTIA to anesthetize us into a state of inactivity?

CHALLENGES

There are certain challenges that I want to present to you for consideration.

I. To many of us there is one stigma on our fair state which we, as medical men, should take under advisement and try to solve, namely, the incarceration of the mentally ill in the various county jails. This custom prevails in a large portion of the state. The confinement of the mentally ill along with all types of criminals is something that should not be tolerated. It is no disgrace to become ill mentally—not as much so as to have typhoid fever or amebic dysentery. It is true that such confinement is only temporary and for the protection of the patient or others. In every place where no psychiatric wards are available, hospital accommodations should be provided where the mentally ill can be housed temporarily awaiting final disposition.

II. I want to direct your attention to Dr. Dawson's report on hospital facilities of the state. This is a challenge to both the physicians and the citizens at large.

III. The practice of medicine by hospitals seems to be creeping in more and more. This practice is especially true in regard to laboratory work, x-ray work and anesthesia. I think some hospitals would like to follow Dr. Bertram Bernheim's advice and subsidize the department of surgery. Various state associations and our own Southern Medical Association have gone on record condemning such practices. But it is for us as individuals and county groups to eradicate them.

IV. Red Cross blood banks are another matter for careful consideration. As most of you know, the Red Cross organization is planning on the establishment of a nationwide blood bank system. This has had the limited approval of the American Medical Association. I have received letters from delegates to the American Medical Association bitterly attacking this approval, stating that the question will be brought up again at the annual meeting in Chicago.

CONCLUSION

Before closing, I desire to pay tribute to the chairmen and the various committeemen who have carried on the work during the year—especially to Dr. Slaughter of the Committee on Public Relations; to Dr. Leigh F. Robinson, the chairman and director of the Blue Shield; to Dr. W. Duncan Owens, chairman of the Council, and to the Counselors of the four districts, who arranged

for the district meetings; to Dr. J. Rocher Chappell, chairman of the Committee on Scientific Work; and to Harold D. Van Schaick, chairman of the Committee on Legislation and Public Policy. To the Board of Governors is due the thanks of the entire Association. It would be enlightening to most of the members to sit in on a meeting of the Board of Governors and see the interest, earnestness and intelligence with which the affairs of the Association are conducted. To Dr. Stewart G. Thompson I wish to give special thanks. His utmost unselfishness, his willingness to do, his thoughtful suggestions and his spirit of cooperation make him almost indispensable both to the officers and the Association as a whole.

It has been my pleasure and privilege to serve the Association on various committees for some twenty years. I want especially to thank you for having given me the greatest honor in your power to bestow—that is, the election to the office of President of the Florida Medical Association. I accepted the office with many misgivings, but I will surrender it with thanks.

221 South Arredonda Street.

PROCEEDINGS

Seventy-Fourth Annual Meeting

of the

FLORIDA MEDICAL ASSOCIATION
HELD AT ST. AUGUSTINE
APRIL 12, 13, and 14, 1948

GENERAL SESSIONS

FIRST GENERAL SESSION

The Seventy-fourth Annual Meeting of the Florida Medical Association was called to order at 9:00 a.m., Monday, April 12, in the Jefferson Theatre, St. Augustine, by President W. C. Thomas.

Invocation by The Reverend John L. Love, Vice Chancellor of Diocese of St. Augustine.

Owing to the unavoidable absence of Dr. Hardgrove S. Norris, president of the St. Johns County Medical Society, Dr. Vernon A. Lockwood was introduced and gave the address of welcome.

Dr. Herbert E. White, chairman of the local Cabinet Committee, was recognized by the chair and reviewed the various schedules of entertainment.

SECOND GENERAL SESSION

Monday, at 2:10 p.m., the Session was called to order by President Thomas. Dr. Frank D. Gray, First Vice President, took the chair and called on Dr. W. C. Thomas to deliver the presidential address. (*See page 713*).

Dr. Gray announced that President Thomas received an emergency call and could not remain for the balance of the Session.

The following report of the secretary-treasurer and managing director was read by Dr. McIver:

REPORT OF SECRETARY-TREASURER, DR. ROBERT B. McIVER, AND MANAGING DIRECTOR, DR. STEWART G. THOMPSON

Mr. Chairman, Members of the Association and Guests:

The membership in the Association has increased steadily for several years, the peak being reached this year with a total of 1,849. The total for the previous year was 1,719, a net gain of 130. The following members are not required to pay state dues: life members, 71; honorary members, 38; in military service, 14; and secretaries of county medical societies, 34, making a total of 157.

It is interesting to note the county societies which lead in membership. Dade heads the list with a total membership of 465. Duval is second with 233, Pinellas 155, Hillsborough 139 and Orange 128.

Receipts for the fiscal year total $66,390.92. Disbursements, $74,896.01. This indicates a shortage of $8,505.09. Outstanding state dues for 1948 which are collectible amount to $11,675.00. Secretaries of county medical societies are urged to send in state dues for their members with as little delay as possible. The By-Laws specify that state dues are to be forwarded to the secretary on or before February 1. Two-fifths of each member's dues, or $10.00, is set up in a special account for public relations.

MEDICAL DIRECTORY

This annual publication has proved to be of definite value to the members and other interested persons. A complete list of members and their local addresses is shown by county medical societies. The uses for this particular information are too numerous to mention, but each member who has received the Directory for the past eleven years has realized by experience the convenience of this service. A list is shown of all doctors who possess licenses to practice medicine in Florida. In the Preamble there is a breakdown indicating the number of doctors residing in Florida and the number who have Florida licenses and live elsewhere. It will be noted that 1,217 doctors who have Florida licenses are living in other states. In the membership roster symbols indicate life members of the F. M. A., honorary members and members with the armed services. The 1948 Directory was mailed in January. This was made possible by freezing the records in the middle of November. One Directory is mailed to each member without charge. Directories are sold for $2.00 each and the revenue applied on printing costs. Revenue from advertisements and sales of Directories very nearly covered the actual printing costs.

THE JOURNAL

The circulation of The Journal and the cost of producing it have materially increased. Many advertisements are shown in two colors and although there is an additional charge for each extra color, detail work required is an extra load on the office staff. The number of pages in The Journal has increased and the number of Journals ordered is now well over 2,000. This continual growth represents another service rendered to the members. Additional personnel has been required to assemble, proofread, print and mail your Journal each month. Every effort has been made to increase the revenue from advertising. During the past fiscal year, $13,977.97 was collected from advertisers. The actual printing of The Journal and paper stock, however, absorbs all but a small percentage of this income.

Dr. Shaler Richardson, Editor, sets all policies for The Journal and the Managing Director supervises the routine work in the headquarters office in Jacksonville.

ASSOCIATION OFFICE

Additional office space has been obtained in the Florida Theatre Building adjoining the space previously occupied. A small part of this space is an expansion and the balance is occupied by the Academy of Public Medicine, which is the public relations bureau of the F. M. A. The Association is very fortunate to have obtained the additional office space as there is a definite scarcity in the city. During the past year the public relations bureau was located across the street. With all of the activities on one floor this bureau will be able to function much more easily as it is really a part of the headquarters office. All Association members are welcome to visit the office at their convenience. It is an encouragement to the staff which is endeavoring to serve you faithfully just to have you make personal observation.

During the year 24,550 Journals were mailed from the Association's office; also, 2,300 Florida Medical Directories. The standard equipment may be of some interest to new members. On the embosser a plate is made for each member as well as subscribers and others on the mailing list. Publications and envelopes are run through the addressograph and the plates imprint the addresses.

On February 1 Mr. Nelson P. Moyer succeeded the previous chief clerk. For a number of years efforts have been made to find a young man for this position. Mr. Moyer spent three years in a Georgia hospital in charge of medical supplies in the Army. For more than a year he was with the State Board of Health Laboratories. His experience in working with doctors gives him exceptional qualifications for this position. Other employees of the staff who are rendering splendid service are Mrs. Zoe Pack, secretary-bookkeeper, Miss Dorothy Shea, journal technician, Mrs. Frances Richards, stenographer, and Mrs. Edith Hill, manuscript editor. Mrs. Hill is on a part time basis and not in the office. Mrs. Naomi Hilton, a former employee, checks the Association's books once each month and assists during annual conventions. Honorable mention of these employees of the staff is to indicate our appreciation of their interest and faithfulness to duty.

FINANCES

Revenue is largely received from the following sources: dues and entrance fees, $45,835.50; advertising in Journal and Directory, $15,077.97; sales of Journals and Directories, $637.50; rental on exhibits, $4,615.00. When the books were closed in March, $11,675.00 in dues was still outstanding.

The major item of disbursements covered general expense, $16,216.18; printing The Journal and Directory, etc., $18,981.82; convention expense, $6,973.78; furniture and fixtures, $884.57.

The financial statements appearing at the end of this report will be published in full for the benefit of members who wish to study the details.

The books and records of the Association are open to the members and we will be glad to answer inquiries of any nature as far as is possible. The books have been audited by Charles H. Goodrich, Certified Public Accountant, and a certification of the audit is incorporated in the statements which follow.

Respectfully submitted,
Robert B. McIver, *Secretary-Treasurer*
Stewart G. Thompson, *Managing Director*

CONSOLIDATED CASH STATEMENT

March 21, 1947 through March 15, 1948

Receipts

Cash in Bank, March 21, 1947		$39,020.33
Dues and Entrance Fees collected (Exhibit "D")	$45,835.00	
Earnings from Advertising (Exhibit "E")	15,077.97	
Subscription and Misc. Sale of Journal and Directory (Exhibit "E")	637.50	
Interest on Savings and Investment	131.31	
Miscellaneous Income	94.14	
Earnings from Technical Exhibits (Exhibit "C")	4,615.00	66,390.92
Total Cash to be Accounted for		$105,411.25

Disbursements

General Fund Expenses (Exhibit "A")	$16,216.18	
Journal and Directory Expenses (Exhibit "B")	18,981.82	
Technical Exhibit Expenses (Exhibit "C")	3,538.78	
Committee Expenses (Exhibit "A")	2,611.90	
Federal Tax	228.06	
Social Security	82.86	
Woman's Auxiliary	93.00	
Library	141.49	
Furniture and Fixtures	884.57	
Bureau of Public Relations	28,682.35	
To Entertaining Society (Dade)	3,435.00	74,896.01
Balance in Bank, March 15, 1948		$ 30,515.24

ASSETS AND LIABILITIES

March 15, 1948

Assets

Cash in Fla. Natl. Bank Checking Acct.	$ 24,159.90
Cash in Barnett Natl. Bank " " (Postgraduate Course Committee Acct.)	1,366.58
General Fund—Accounts Receivable	11,675.00
Journal and Directory—Accounts Receiv.	1,149.51
Furniture, Fixtures and Equipment (less depreciation)	2,047.36
Library	1,068.67
Stationery Inventory	1,498.45
Savings: Atlantic Natl. Bank (Retirement Reserve)	4,509.17
Barnett Natl. Bank	1,846.17
Investments: Treasury Bond	10,178.13
War Savings Bonds	15,040.50
	$ 74,539.44

Liabilities

Postgraduate Course Committee	$ 1,366.58
Capital	73,172.86
	$ 74,539.44

EXHIBIT "A"

CASH STATEMENT—GENERAL FUND

March 21, 1947 through March 15, 1948

Receipts

Cash as per last audit		$39,020.33
Back Dues Collected (Exhibit "D")	$13,150.00	
Current Dues Collected (Exhibit "D")	30,625.00	
Entrance Fees Collected (Exhibit "D")	2,060.00	45,835.00
Interest on Savings and Investments		131.31
Miscellaneous Income		94.14
Total Cash to be Accounted for		$85,080.78

Disbursements

Postage and Supplies	$ 854.36	
Telephone and Telegraph	176.23	
Salaries*	12,192.74	
Traveling Expense	216.41	
Delegates' (2) Transp. Cleveland and Chicago	485.51	
Office Rent	1,720.00	
Towel Service	18.00	
Auditing Books	17.50	
Messenger Service	3.90	
Express and Freight	10.53	
Bank Exchange	4.86	
Custody of Bonds	10.00	
Clipping Service	90.00	
Constitution and By-Laws	58.00	
Employer's Liability Insurance	18.89	
Subscription—Times Union	18.20	
Repair and Service-Furn., Fix. & Equip.	224.85	
Rental—Safety Deposit Box	15.00	
Electros and Mats	16.80	
Incidental	64.40	16,216.18
Comittees:		
Council	121.18	
Board of Governors	60.70	
Legislation and Public Policy	2,146.81	
Scientific Work	126.18	
Miscellaneous Committee Expense	157.03	2,611.90
Bureau of Public Relations (B.P.R. Exh.)	28,682.35	
Federal Tax	228.06	
Furniture and Fixtures	884.57	
Library	141.49	
Social Security	82.86	
Woman's Auxiliary	93.00	
To Journal Fund (cost above income)	3,226.35	
To Exhibit Fund (cost above income)	2,358.78	54,565.54
Cash Balance		$30,515.24

*Total Salaries. Income tax deducted from this amount and paid to Collector of Internal Revenue.

EXHIBIT "B"

CASH STATEMENT—JOURNAL AND DIRECTORY FUND

March 21, 1947 through March 15, 1948

Receipts

Cash as per last audit		0.00
Earnings from Advertising (Exhibit "E")	$15,077.97	
Subscription and Misc. Sale (Exhibit "E')	637.50	
From General Fund (cost above income)	3,266.35	18,981.82
To be Accounted for		$18,981.82

Disbursements

Postage and Supplies	$ 532.01	
Printing and Stock	11,588.51	
Telephone and Telegraph	180.64	
Salaries*	6,586.50	
Dray	57.68	
Auditing Books	17.50	
Incidental	18.98	18,981.82
Cash Balance		0.00

*Total Salaries. Income tax deducted from this amount paid to Collector of Internal Revenue.

EXHIBIT "C"

CASH STATEMENT—EXHIBIT FUND

March 21, 1947 through March 15, 1948

Receipts

Cash as per last audit	0.00
Earnings from Technical Exhibits	4,615.00
From General Fund (cost above income)	2,358.78
To be Accounted for	6,973.78

Disbursements

Convention Expense:		
Telephone and Telegraph	$ 129.21	
Exhibit Booth Equipment	1,391.19	
Printing, Photostats, etc.	85.46	
Programs	114.50	
Badges	139.05	
Misc. Expense & Employees' Travel	638.10	
News Service, Cuts & Mats	123.50	
Proceedings Reporter	133.43	
Insurance—Association Dinner Ticket Sales	14.09	
Annual Dinner, Cocktails, etc.	632.50	
Reprints—Dunnington	18.25	
Projector at Annual Meeting	76.50	
Past Presidents' Buttons	43.00	3,538.78
To Entertaining Society (Dade)	3,435.00	6,973.78
Cash Balance		0.00

EXHIBIT "D"

DUES AND ENTRANCE FEES COLLECTED MARCH 21, 1947 THROUGH MARCH 15, 1948

Name Of Society	Total Members	No. Paid Members	No. In Arrears	1948 Dues Collected	Back Dues Collected	Entrance Fees
Alachua	32	5	27		225.00	10.00
Bay	13	6	7	125.00	25.00	10.00
Brevard	14	10	4	225.00	125.00	
Broward	63	60	3	1,375.00	1,275.00	70.00
Columbia	14	14	0	325.00	75.00	20.00
Dade	465	320	145	7,550.00	3,600.00	740.00
Desoto-Hardee-Highlands-Charlotte-Glades	26	24	2	525.00	25.00	50.00
Duval	233	152	81	3,150.00	1,625.00	250.00
Escambia	60	49	11	1,050.00	200.00	50.00
Franklin-Gulf	7	2	5	25.00	125.00	10.00
Hillsborough	139	121	18	2,650.00	3,150.00	130.00
Jackson	15	13	2	275.00		10.00
Lake	24	14	10	300.00	225.00	70.00
Lee	20	17	3	400.00	125.00	20.00
Leon-Gadsden-Liberty-Wakulla-Jefferson	45	40	5	900.00	150.00	50.00
Madison-Suwannee	9	6	3	100.00	50.00	
Manatee	18	15	3	350.00	25.00	20.00
Marion	30	23	7	350.00	225.00	20.00
Monroe	11	10	1	200.00	200.00	50.00
Nassau	8	7	1	125.00		
Orange	128	121	7	2,800.00	175.00	120.00
Palm Beach	84	68	16	1,650.00	350.00	30.00
Pasco-Hernando-Citrus	14	12	2	250.00	50.00	
Pinellas	155	150	5	3,450.00	175.00	170.00
Polk	73	4	69		475.00	60.00
Putnam	9	8	1	175.00	25.00	10.00
St. Johns	15	15	0	325.00	25.00	10.00
St. Lucie-Okeechobee-Indian River-Martin	19	1	18		175.00	30.00
Sarasota	23	20	3	400.00		
Seminole	11	11	0	225.00		
Taylor	4	4	0	75.00		
Volusia	50	42	8	900.00	250.00	20.00
Walton-Okaloosa	13	13	0	275.00		30.00
Washington-Holmes	5	5	0	100.00		
Totals	1,849	1,382	467	30,625.00	13,150.00	2,060.00

Dues Not Payable

Co. Soc. Secys.	34	
Life	71	
Honorary	38	
Military Service	14	157
Paying Dues		1,225

13,150.00 Back Dues Collected

43,775.00 Total Dues Collected

2,060.00 Entrance Fees Collected

45,835.00 Dues and Entrance Fees

EXHIBIT "E"

EARNINGS FROM SALES OF AND ADVERTISING IN JOURNAL AND DIRECTORY

March 21, 1947 through March 15, 1948

Month	*Sales*	*Advertising*
April, 1947	$ 16.00	$ 1,320.59
May	23.00	164.19
June	21.00	2,216.83
July	14.00	342.40
August	70.50	2,060.55
September	87.00	977.15
October	30.00	1,122.06
November	36.50	1,025.10
December	35.00	1,211.55
January, 1948	46.00	1,294.00
February	147.00	1,114.98
March	111.50	873.71
		13,723.11
Refund (A.M.A.)		1,354.86
Totals	$637.50	$15,077.97

MEDICAL POSTGRADUATE COURSE COMMITTEE—VI

March 21, 1947 through March 15, 1948

Receipts

Cash as per last audit		$1,165.08
Registration Fees, 1947 Postgraduate Course (137 @ $10.00)		1,370.00
State Board of Health for Hotel Expense:		
Dr. Amos Christie		131.15
Dr. Randolph Baston		30.00
Dr. Robert Ross		8.10
Dr. T. Z. Cason, Chairman		289.75
To be accounted for		$2,994.08

Disbursements

Faculty Honoraria and Expenses:			
Dr. W. A. Sodeman	$116.42		
Dr. W. F. Rienhoff	250.00		
Dr. T. L. Waring	109.29		
Dr. A. D. Campbell	16.51	$ 492.22	
Stenographer's Salary	175.00		
Dr. Amos Christie (advance)	60.00		
Hotel George Washington	206.51		
Florida News Service	35.00		
Postage	20.77		
Univ. of Fla.—Salaries 63 members of Faculty of Dept. of Medicine @ $1.00	63.00		
Dr. T. Z. Cason, Chairman-Expenses	300.00		
Dr. T. Z. Cason, Chairman-Expenses	275.00	1,135.28	1,627.50
Balance in Bank			$1,366.58

BUREAU OF PUBLIC RELATIONS—II

March 21, 1947 through March 15, 1948

Cash Balance			$11,172.35
Dues Collected 1947—$13,150.00; 1948—$30,625.00, Total $43,755.00 (Exhibit "D")			
Two-Fifths 1,751 @ $10.00		$17,510.00	
Name not submitted		10.00	17,520.00
To be Accounted for			$28,692.35

Disbursements

Travel Expense	$ 833.42		
Salaries	2,889.92		
Social Security	28.90		
Telephone and Telegraph	40.53		
Rent	184.52		
Supplies	1.90		
Dinner Meeting	13.90		
Mimeograph Service	15.40		
Postage	12.00		
Furniture and Fixtures	491.27	4,511.76	
Florida Academy of Public Medicine		24,170.59	
		28,682.35	
Refund to County Society		10.00	$28,692.35
Cash Balance			0.00

Dr. Robert B. McIver
Secretary-Treasurer
Florida Medical Association
Jacksonville, Florida

Dear Sir:

In compliance with request of Stewart G. Thompson, Managing Director, we have examined the following:

Statement of Assets and Liabilities—March 15, 1948.
Consolidated Cash Statement—March 21, 1947 to March 15, 1948.
Exhibits A to E inclusive.
Statement of Receipts and Disbursements—Bureau of Public Relations—March 21, 1947 thru March 15, 1948.
Statement of Receipts and Disbursements— Medical Postgraduate Course—V—March 21, 1947 thru March 15, 1948.

all of Florida Medical Association, Inc.

These statements and exhibits have been found in agreement with the books of account of the Association and correctly reflect the recorded cash transactions for the period.

All recorded receipts covering cash collections were traced to the bank deposits and all bank balances have been reconciled with the books of account and independently verified by the depositories.

Cancelled checks covering disbursements were checked to the records, found in order and appeared to be for proper purposes.

War bonds of a maturity value of $20,325.00 were verified by inspection, and Treasury bond of a face value of $10,000.00 was verified as being with the Atlantic National Bank, as Custodian.

Income from advertising in the Association's Journal was verified substantially by comparison with records.

On account of the inaccessibility of the records of the various County Societies, no attempt was made to verify remittances for dues.

Yours very truly,
Goodrich & Varnedoe
(*Signed*) C. H. Goodrich
Certified Public Accountants.

CHG/d

The following report of the Editor of The Journal was read by Dr. Shaler Richardson:

REPORT OF EDITOR

The June issue of The Journal closes the thirty-fourth volume of the publication, and a glance through Journals of the past serves to jog our senses to its amelioration. This year we have offered our own "new look." Spurred by the attractiveness and modernity of advertising layouts, we have somewhat altered the type and the format used in The Journal. Our purpose in the change was to add artistic dignity to each scientific article by making it an entity in itself with attention-drawing headline type. Another change which we recommend for your observation is the additional space allotted to the table of contents. Besides adding importance to the original articles and other features of The Journal, it presents the reader with a clear and concise picture of the contents of each issue. We believe that artistically The Journal has kept pace with other publications in its class.

In regard to original articles, however, we feel a tinge of regret that more of you, the owners of The Journal, have not taken more active interest in providing original material for the scientific section. We would like to be able to rely on the membership of the Association to deluge us with articles for publication. It is not beyond reason that each of you has come upon notable data during the past year. You owe it to your colleagues to share your opinions. The time that is consumed in formulating your opinions is put to excellent use when it is slanted to promulgate your ideas.

The second feature of the scientific section, the abstract department, has been continued. We are pleased to abstract the articles of our members which have been published in journals other than our own. Each article which appears in an outside publication serves to add weight to our Association.

In the editorial section we have endeavored to keep you abreast of the problems facing the medical profession and to stimulate your opinions among the laity. The cruciality of present day decisions cannot be overemphasized.

The public relations column has continued to make its appearance each month and has been joined by a column of interesting notes supplied by the State Board of Health.

We are encouraged to see that secretaries of the county societies are making use of news item blanks supplied to them each month. Each name that appears in the column of State News Items is newsworthy. We are eager to report the medical activities of our members and other interesting data of their professional lives.

The form provided for news each month also has stimulated the reporting of activities at monthly meetings. It is our aim to publish a monthly news release from each of the thirty-four county societies.

Circulation totals more than 2,000 Journals each month. As circulation figures have pushed forward, expenditures also have increased. Revenue from advertising during the past year amounted to $13,977.97.

My personal appreciation for their cooperation goes to the assistant editor, Dr. Webster Merritt; to the associate editors, Drs. George L. Cook, J. Maxey Dell, Jr., Frank D. Gray, Homer L. Pearson, Jr., James H. Pound and Wilson T. Sowder; to the committee on publication, Drs. Arthur L. Walters and Herman Watson; to the abstract department, Drs. Kenneth A. Morris, Orion O. Feaster and Robert T. Spicer; to the managing editor, Stewart G. Thompson; to the manuscript editor, Mrs. Edith B. Hill; to the journal technician, Miss Dorothy Shea.

Respectfully submitted,
Shaler Richardson, *Editor*

On motion of Dr. Robinson, seconded by Dr. Bryans and carried, the reports were accepted and approved.

Dr. Gray called for introduction of delegates from other state societies. There were no representatives present.

There being no further business a motion to adjourn prevailed.

THIRD GENERAL SESSION

The meeting of the Florida Medical Association reconvened at 11:30 a.m., Tuesday, April 13, in the Jefferson Theatre; President Thomas in the chair.

The meeting was called to order.

The guest speaker, Dr. Russell L. Haden of Cleveland Clinic, Cleveland, Ohio, was introduced by Dr. Thomas.

Address: "The Treatment of Anemia (Lantern Slides) by Dr. Haden.

Dr. Thomas: I want to express the gratitude of the Association to Dr. Haden for playing an important role in the annual meeting. I am sure that each member present has enjoyed the dissertation.

A motion to adjourn prevailed.

INDEX

OF

VOLUME XXXIV

Page 751

HOUSE OF DELEGATES

FIRST HOUSE OF DELEGATES

The House of Delegates convened at 3:35 p.m., Monday, April 12, 1948, in the Venido Room of the Ponce de Leon Hotel, St. Augustine. Dr. Frank D. Gray, Second Vice President, in the Chair.

Dr. Joseph S. Stewart, chairman of the Credentials Committee, was recognized and reported the following delegates whose credentials were in order and attendance cards signed.

DELEGATES

ALACHUA—Edwin H. Andrews
BAY—William C. Roberts
BREVARD—Thomas C. Kenaston
BROWARD—Russell B. Carson, Donald H. Gahagen, Henry J. Peavy
COLUMBIA—Thomas H. Bates
DADE—John D. Milton, W. Duncan Owens, Frazier J. Payton, Harold Rand, Arthur H. Weiland, Jack Q. Cleveland, Walter C. Jones, Richard M. Fleming, Carlos P. Lamar, Homer L. Pearson, Jr., Ralph W. Jack, Warren W. Quillian, S. Marion Sally, Franz H. Stewart, Robert T. Spicer, Donald W. Smith, James L. Anderson, Plumer J. Manson, Herbert W. Virgin, Jr., Edward W. Cullipher, M. Jay Flipse
DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES — (*No Delegate*)
DUVAL—Edward Jelks, Leo M. Wachtel, Raymond R. Killinger, William H. Brooks, E. Thomas Sellers, Frederick W. Krueger, Karl B. Hanson, James L. Borland, Charles F. Henley, F. H. Schnauss, John A. Beals
ESCAMBIA—Herbert L. Bryans, Luther C. Fisher, Jr., Jesse N. McLane
FRANKLIN-GULF—(*No Delegate*)
HILLSBOROUGH—H. Phillip Hampton, Samuel G. Hibbs, William M. Rowlett, Chas. W. Bartlett, Thomas M. Edwards, C. Frank Chunn, Joshua C. Dickinson
JACKSON—Daniel A. McKinnon
LAKE—Rabun H. Williams
LEE—William H. Grace
LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON — Walter G. Miles, George H. Garmany
MADISON-SUWANNEE—(*No Delegate*)
MANATEE—Lowrie W. Blake
MARION—Henry L. Harrell, John N. Moore
MONROE—James B. Parramore
NASSAU—Henry B. Dickens, Jr.
ORANGE—Horace A. Day, Eugene L. Jewett, William S. Mitchell, Chas. J. Collins, Jr., Louis M. Orr, II, Duncan T. McEwan
PALM BEACH—V. Marklin Johnson, W. Wellington George, Lloyd J. Netto, Charles McD. Harris, Jr.
PASCO-HERNANDO-CITRUS—William G. Mason
PINELLAS—M. Eldridge Black, Harold E. Winchester, William M. Davis, Whitman H. McConnell, Norval M. Marr, Councill C. Rudolph, Annette M. Feaster
POLK—Herman Watson, James R. Boulware, Jr., Lee E. Parmley, Chester H. Murphy
PUTNAM—Bernard E. Kane
ST. JOHNS—A. Clark Walkup
ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN—Adrian M. Sample
SARASOTA—Reaves A. Wilson
SEMINOLE—Orville L. Barks
TAYLOR—Walter J. Baker
VOLUSIA—Vaughan A. Shaw
WALTON-OKALOOSA—Howard F. Currie
WASHINGTON-HOLMES—Bayllye W. Dalton
ASSOCIATION OFFICERS—Joseph S. Stewart, Frank D. Gray, Bricey M. Rhodes, Robert B. McIver, Shaler Richardson

On motion, seconded and carried, the minutes as published in the June, 1947 Journal were approved.

Dr. Duncan T. McEwan and Dr. Homer L. Pearson, Jr., delegates to the A. M. A. meeting of June, 1947, were recognized.

Dr. Homer L. Pearson, Jr., and Dr. Louis M. Orr, II, delegates to the January 1948 meeting of the A. M. A., were recognized.

The Chair called for election of one delegate and one alternate to the A. M. A. Dr. Homer L. Pearson, Jr., was nominated as delegate by Dr. Edward Jelks. Nomination seconded by Dr. Herbert L. Bryans. Dr. Bryans moved that the nominations close. Seconded and carried. Dr. Pearson was elected delegate.

Dr. Frank D. Gray was nominated as alternate delegate. Dr. Gray turned the gravel over to Dr. McIver. Call for further nominations. On motion, seconded and carried, nominations were closed. On motion duly seconded and carried, Dr. Gray was elected alternate delegate.

Dr. Walter C. Payne, Chairman of the Board of Governors, recommended that the joint invitation of the Hillsborough-Pinellas County Medical Societies to hold the annual convention in Belleair in 1949 be accepted.

On motion by Dr. Day, seconded by Dr. McLane and carried, the invitation was accepted.

The Chair announced the personnel of three reference committees as follows:

1. HEALTH AND EDUCATION
   Room No. 9
   Herbert L. Bryans, *Chairman*
   Warren W. Quillian
   Frank D. Gray
   Henry J. Peavy
   Daniel A. McKinnon

2. PUBLIC POLICY
   "L" Parlor
   John A. Beals, *Chairman*
   James R. Boulware, Jr.
   Norval M. Marr
   Edwin H. Andrews
   Lloyd J. Netto

3. FINANCE AND ADMINISTRATIOIN
   Room No. 63
   Duncan T. McEwan, *Chairman*
   Robert B. McIver
   S. Marion Salley
   Leland F. Carlton

Dr. Beals presented a resolution which was turned over to Reference Committee No. 2, Public Policy.

Dr. Russell B. Carson presented a resolution on the establishment of specialty sections which was turned over to Reference Committee No. 3, Finance and Administration.

A resolution presented by Dr. Bryans, published on page 708 of the June, 1947 Journal to review existing fee schedules, was turned over to Reference Committee No. 3, Finance and Administration.

The resolution in the Handbook by Dr. Dell, Alachua County Medical Society, was turned over to Reference Committee No. 2, Public Policy.

The resolution in the Handbook by Dr. Griffin, Leon-Gadsden-Liberty-Wakulla-Jefferson County Medical Society, was turned over to Reference Committee No. 3, Finance and Administration.

The resolution in the Handbook by Dr. McConnell, Pinellas County Medical Society, was turned over to Reference Committee No. 1, Health and Education.

Dr. Payne presented a supplemental report for the Board of Governors. Both the published report and supplemental were turned over to Reference Committee No. 3, Finance and Administration.

The published report of the Scientific Work Committee by Dr. Chappell was turned over to Reference Committee No. 1, Health and Education.

The report of the Committee on Legislation and Public Policy by Dr. Van Schaick was turned over to Reference Committee No. 2, Public Policy.

The report of the Committee on Medical Education and Hospitals by Dr. Dawson was turned over to Reference Committee No. 2, Public Policy.

The report of the Committee on Necrology by Dr. Whitaker was turned over to Reference Committee No. 3, Finance and Administration. All persons present stood for a moment of silence in reverence and respect to the memory of departed colleagues.

The report of the Committee on Public Relations by Dr. Slaughter was turned over to Reference Committee No. 2, Public Policy.

The report of the Committee on Medical Postgraduate Course by Dr. Cason was turned over to Reference Committee No. 1, Health and Education.

The report of the Committee on Cancer Control by Dr. Herpel was turned over to Reference Committee No. 1, Health and Education.

The report of the Committee on Medical Economics by Dr. Walker was turned over to Reference Committee No. 2, Public Policy.

The report of the Committee on Venereal Disease Control by Dr. Sellers was turned over to Reference Committee No. 1, Health and Education.

The report of the Committee on Interrelationship by Dr. Peavy was turned over to Reference Committee No. 2, Public Policy.

The report and supplement of the Committee on Tuberculosis and Public Health by Dr. Limbaugh was turned over to Reference Committee No. 1, Health and Education.

The report of the Committee on State Controlled Medical Institutions by Dr. Dell was turned over to Reference Committee No. 2, Public Policy.

The report of the Committee on Maternal Welfare by Dr. Norris was turned over to Reference Committee No. 1, Health and Education.

The report of the Committee on Child Health by Dr. Holloway was turned over to Reference Committee No. 1, Health and Education.

The report of the Committee on Conservation of Vision by Dr. Taylor was turned over to Reference Committee No. 1, Health and Education.

The report of the Advisory Committee to Woman's Auxiliary by Dr. Feaster was turned over to Reference Committee No. 3, Finance and Administration.

The report of the Committee of Representatives to Industrial Council by Dr. Fort was turned over to Reference Committee No. 2, Public Policy.

The report of Council as published, and supplemental report, by Dr. Owens was turned over to Reference Committee No. 3, Finance and Administration.

Dr. Moon was recognized by the Chair and allowed the courtesy of the floor for a brief statement.

There being no further business the house recessed at 4:30 p.m. to reconvene at 2:00 p.m., Tuesday, April 13, 1948.

SECOND HOUSE OF DELEGATES

The House of Delegates reconvened at 2:20 p.m., Tuesday, April 13, in the Venido Room of the Ponce de Leon Hotel, St. Augustine; President Thomas in the Chair.

Dr. Joseph S. Stewart, chairman of the Credentials Committee, was recognized and reported that the following delegates were present and had signed attendance cards.

The Chair declared a quorum present.

DELEGATES

ALACHUA—Edwin H. Andrews, James M. McClamroch
BAY—William C. Roberts
BREVARD—Thomas C. Kenaston
BROWARD—Russell B. Carson, Donald H. Gahagen, Henry J. Peavy
COLUMBIA—Thomas H. Bates
DADE—John D. Milton, W. Duncan Owens, Frazier J. Payton, Harold Rand, Walter C. Jones, Carlos P. Lamar, Homer L. Pearson, Jr., Ralph W. Jack, S. Marion Salley, Franz H. Stewart, Robert T. Spicer, Plumer J. Manson, Herbert W. Virgin, Jr., Edward W. Cullipher, M. Jay Flipse
(*Absent—Arthur H. Weiland, Jack Q. Cleveland, Richard M. Fleming, Warren W. Quillian, Donald W. Smith, James L. Anderson*)
DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES—Howard V. Weems
DUVAL—Edward Jelks, Leo M. Wachtel, Raymond R. Killinger, William H. Brooks, E. Thomas Sellers, Frederick W. Krueger, Karl B. Hanson, James L. Borland, Charles F. Henley, F. H. Schnauss, John A. Beals
ESCAMBIA—Herbert L. Bryans, Luther C. Fisher, Jr., Jesse N. McLane
FRANKLIN-GULF—(*No Delegate*)
HILLSBOROUGH—H. Phillip Hampton, Samuel G. Hibbs, William M. Rowlett, Chas. W. Bartlett, Thomas M. Edwards, C. Frank Chunn, Joshua C. Dickinson
JACKSON—Daniel A. McKinnon
LAKE—Rabun H. Williams
LEE—William H. Grace
LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON—Walter G. Miles, George H. Garmany
MADISON-SUWANNEE—C. LeRoy Adams, Jr.
MANATEE—Lowrie W. Blake
MARION—Henry L. Harrell (*Absent—John N. Moore*)
MONROE—James B. Parramore
NASSAU—Henry B. Dickins, Jr.
ORANGE—Horace A. Day, Eugene L. Jewett, William S. Mitchell, Chas. J. Collins, Jr., Louis M. Orr, II, Duncan T. McEwan
PALM BEACH—V. Marklin Johnson, W. Wellington George, Lloyd J. Netto, Charles McD. Harris, Jr.
PASCO-HERNANDO-CITRUS—William G. Mason
PINELLAS—M. Eldridge Black, Harold E. Winchester, William M. Davis, Whitman H. McConnell, Norval M. Marr, Councill C. Rudolph, Annette M. Feaster
POLK—Herman Watson, James R. Boulware, Jr., Lee E. Parmley, Chester H. Murphy
PUTNAM—(*Absent—Bernard E. Kane*)
ST. JOHNS—A. Clark Walkup
ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN—Adrian M. Sample
SARASOTA—Reaves A. Wilson
SEMINOLE—(*Absent—Orville L. Barks*)
TAYLOR—Walter J. Baker
VOLUSIA—Vaughan A. Shaw
WALTON-OKALOOSA—Howard F. Currrie
WASHINGTON-HOLMES—Bayllye W. Dalton
ASSOCIATION OFFICERS—William C. Thomas, Joseph S. Stewart, Robert B. McIver, Shaler Richardson, (*Absent—Frank D. Gray, Bricey M. Rhodes*)

REPORT OF REFERENCE COMMITTEE NO. 1

Dr. Herbert L. Bryans, chairman of Reference Committee No. 1, Health and Education, was recognized and asked to present the recommendations of that committee.

"The Committee approves the report of the Committee on Scientific Work as published in the Handbook."

Dr. Bryans moved that the report be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON SCIENTIFIC WORK

The Committee on Scientific Work met on Jan. 23, 1948, in a telephone conference. All committee members were present.

There were a total of eighteen papers for the committee's consideration from which it had to select twelve for the Scientific Program. At the suggestion of several members of the Association, a new procedure will be inaugurated this year. One session of the program will be devoted to a Symposium. The subject selected for this year is "Hypertension." There will be four papers in this Symposium which will be read in succession; four speakers have been invited to discuss tbe papers, after which discussion will be invited from the floor. We hope tbat tbis change in the program will be acceptable to the general membership.

During the past year, the Board of Governors has given an additional session to the annual meeting, so tbat twelve papers may be presented each year instead of eight, as it has been in the past. The Board also increased the time allotted each session so there will be more time for discussion from the floor by the members. We hope that tbis will create an added interest from the general membership in the Scientific Program.

Respectfully submitted,
J. Rocher Chappell, *Chairman*

"The report of the Committee on Medical Postgraduate Course is approved and the Reference Committee wishes to commend the committee on Postgraduate Course for its splendid work. With reference to the last paragraph of the report, there was presented to the committee an invitation for the Course to be given in the city of Miami Beach in 1949. It is recommended that this invitation be given to the Medical Postgraduate Course committee for their consideration."

Dr. Bryans moved that the report as published in the Handbook, with the addition just mentioned, be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON MEDICAL POSTGRADUATE COURSE

For the past year the Committee on Medical Postgraduate Course has met whenever called together by the cbairman. The attendance bas been very good. Dr. George L. Cook was unable to attend because of an acute illness.

All of the activities pertaining to graduate education were brought before the committee and discussed in detail. All action taken and new projects promoted were done only after full approval of the committee in attendance at the meetings.

The Short Course held last year in Jacksonville from June 23 to 28, inclusive, was most successful. The total registration was one hundred and forty white physicians and fifteen Negro physicians. As has always been the case in the past, the attendance for all lectures by those registered was excellent. The Short Course this year will be held at the George Washington Hotel in Jacksonville from June 28 to July 3, inclusive. While there will be a number of changes in the teaching staff, the same high standard of previous years will be maintained. As usual, the first three days will be devoted primarily to medical subjects and the last three days to surgical subjects. One change in the program which the committee hopes will meet with the approval of the physicians in attendance is three lectures on Plastic Surgery. The committee realizes that this is a highly specialized field but there were a sufficient number of requests for these lectures to justify including them. There will be four lectures on General Surgery.

During the time of the Short Course in June 1947, a course in Hematology was given. The total registration for this course included twenty-three physicians and forty-four laboratory technicians. This course was received with enthusiasm. This year during the time of the Short Course it is planned to devote three days to Gastroenterology and two days to Parasitology, the latter two days open to qualified laboratory technicians.

The committee believes that because the Short Course is given in midsummer, it should be held only in a hotel which is completely air-conditioned with adequate classroom facilities. When such a hotel in any well located city in the state is available, the committee will favorably consider holding the Short Course in that city if such action is desired by members of the Association.

Respectfully submitted,
Turner Z. Cason, *Chairman*

"The report of the Committee on Cancer Control, published in the Handbook, is approved."

Dr. Bryans moved that the report, as published in the Handbook, be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON CANCER CONTROL

The activities of the Committee of Cancer Control of the Florida Medical Association during the year 1947-1948 have been largely confined to the organization of local Cancer Committees in all of the component medical societies of the Association, and in the encouraging and fostering of medical meetings in the societies and in hospital staffs, devoted to the diagnosis and treatment of cancer. In cooperation with the State Board of Health a complete program of handling indigent cancer cases has been worked out, outlining the procedure necessary to obtain state and federal aid for the care of indigent cancer patients. Basic standards for Cancer Clinics have also been set up.

Steps have been taken, and are continuing, looking forward to the establishment of Tumor Clinics at strategic locations throughout the state, in addition to those already functioning in several cities.

Attention is especially called to the splendid work of the Duval County Medical Society in arranging and bringing to completion the finest seminar on cancer ever presented in the state. This meeting was outstanding in the quality of the presentations, the high calibre of the physicians presenting papers and leading discussions, and in widespread attendance of Florida physicians.

The closest cooperation has existed between the State Board of Health, the Florida Division of the American Cancer Society and the physicians of the state interested in the cancer problem. It would be impossible to accomplish what has been done without the fine cooperation and support of the members of the Field Army of the American Cancer Society, who have taken on the work of raising funds for cancer research, for the support of Information Centers, and the dissemination of information concerning cancer to every part of the state and to every citizen. By press releases, radio broadcasts and talks before lay audiences a wealth of information about cancer and its treatment possibilities has been given to the public, which has manifested its interest in this problem.

Your chairman, realizing that the physicians of the state need an educational program as well as the laity, recommends that every aid be extended to those societies that have been active in bringing outstanding speakers to our state to instruct us in the most modern methods of cancer diagnosis and treatment. The response by the physicians of the state has been most enthusiastic. Much has been done. More can and will be done.

The adequate handling of cancer in the state depends on the establishment of Cancer Clinics at strategic cities, so that persons requiring treatment may have treatment and diagnostic facilities available to them with a minimum of travel.

Respectfully submitted,
Frederick K. Herpel, *Chairman*

"The report of the Committee on Venereal Disease Control is approved as published in the Handbook."

Dr. Bryans moved that the report be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON VENEREAL DISEASE CONTROL

There has been little activity on the part of the Committee on Venereal Disease Control, except in an advisory capacity. The State Board of Health is doing excellent work through its Division of Venereal Disease Control.

Respectfully submitted,
E. Thomas Sellers, *Chairman*

"The report of the Committee on Tuberculosis and Public Health, as published in the Handbook, is approved. The following supplemental report was read at yesterday's meeting of the House:

SUPPLEMENT TO REPORT OF COMMITTEE ON TUBERCULOSIS AND PUBLIC HEALTH

It is recommended that the Florida Medical Association approve the nationwide campaign for tuberculosis case findings, as planned by the National Tuberculosis Association and the Advertising Council. This undertaking has been approved by the Board of Trustees of the House of Delegates of the A. M. A. It is felt that the need is great for all component societies of our Association to have a tuberculosis committee appointed to serve in an advisory capacity of the Tuberculosis Associations.

Respectfully submitted,
Louie Limbaugh, *Chairman*

In reference to mimeographed proposed regulations for approval of Medical Technologists and Medical Laboratories by the Florida State Board of Health, your Reference Committee approves in principle that portion pertaining to improvement of qualifications for medical technologists, but that portion applying to medical laboratories and physicians should have further study and subsequent revision.

Dr. Bryans moved that the report as published in the Handbook, and the supplemental report as amended, be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON TUBERCULOSIS AND PUBLIC HEALTH

This committee has not been called upon to hold a formal meeting during the past year. Such activities as were necessary were arranged through correspondence.

During the past year, the Florida Tuberculosis and Health Association, the Florida Tuberculosis Board, and the Bureau of Tuberculosis Control of the Florida State Board of Health cooperated in arranging for a tuberculosis coordinator for the State of Florida. It is believed that such action has increased the quality and quantity of the work done by the above agencies.

Your Committee believes that excellent progress is being made in Florida to combat tuberculosis, but realizes that our efforts must be continued with even more vigor so that we may attain even better results.

Respectfully submitted,
Louie Limbaugh, *Chairman*

"The first paragraph of the report of the Committee on Maternal Welfare is approved." Discussion from the floor was requested on the second paragraph which reads, 'The State Board of Health has a statewide organization with representation in every county. The one concrete suggestion is that the State Board of Health do Rh factor determinations on all pregnant women, just as Kahn tests are done.'

It was moved that the report be amended by striking out the last paragraph of the report. Motion seconded and carried.

Dr. Day moved that the report as amended be approved. Motion seconded and carried.

Dr. Patterson was extended the courtesy of the floor.

Dr. Patterson: I made a substitute proposal to the State Board of Health that "we do free Rh and study of any indigent patient."

REPORT OF COMMITTEE ON MATERNAL WELFARE

Due to distances separating the various members, the Committee on Maternal Welfare has not had any official meetings. It is a suggestion of the chairman that we could best serve in an advisory capacity to the Department of Maternal Welfare of the State Board of Health.

Respectfully submitted,
Samuel R. Norris, *Chairman*

"The report of the Committee on Child Health is approved."

Dr. Bryans moved that the report as published in the Handbook be approved. Motion seconded and carried.

REPORT OF COMMITTEE ON CHILD HEALTH

During the years 1946 and 1947 the American Academy of Pediatrics began its comprehensive study of child health services in the United States. The study for the Southern states was directed by Dr. Warren W. Quillian of Coral Gables, Fla., as Chairman of the Southern Section of the American Academy of Pediatrics. Dr. George L. Cook of Tampa, Fla., State Chairman of the American Academy of Pediatrics for the State of Florida, was responsible for the study in our state.

A report of this study in the United States was submitted at the American Academy of Pediatrics meeting in Dallas, Texas, in December 1947. Authentic information pertaining to the care received by infants and children throughout the nation has been accumulated. This bona fide information will be used intelligently in improving services to our little ones at the national, state and local levels.

This study is the greatest effort ever made by any medical group.

The Child Health Committee of the Florida Medical Association, in collaboration with the Bureau of Child Health of the State Board of Health of Florida, has in process of preparation a far-reaching program covering the care of the normal newborn baby. A special object of this program is to reduce the mortality of the premature baby, which is the greatest in any category of child life. It is contemplated to establish premature stations located in strategic areas of our state, where special care will be given these infants. Ambulance service will be furnished to these several premature stations.

Respectfully submitted,
Luther W. Holloway, *Chairman*

"The report of the Committee on Conservation of Vision is approved."

Dr. Bryans moved that the report as published in the Handbook be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON CONSERVATION OF VISION

The Committee on Conservation of Vision held a meeting in Miami Beach during the midwinter meeting of the Florida Society of Opthalmology and Otolaryngology.

The general opinion of the members present was that the Florida Council for the Blind is covering the field and there is little, if anything, for us to do. It was also agreed that the Council for the Blind is doing an excellent job in locating the cases of poor vision, both in the young and old, and in seeing that they consult an ophthalmologist. This work is very important, especially in locating the early cases of glaucoma since about 60 per cent of the cases that apply for Blind Aid are due to primary chronic glaucoma that could have been arrested if seen early.

In children with a high degree of refractive error, glasses will frequently make an average student out of an apparently dull one. We realize it is taking a lot

of money, but an examination in time will save the sight of many of these youngsters and make better students of them.

Respectfully submitted,
Joseph W. Taylor, *Chairman*

"The Committee has no recommendations on the resolution from Pinellas County Medical Society as published in the Handbook, objecting to Blue Shield or Blue Cross requiring hospital hired anesthetists, pathologists or roentgenologists being employed to receive the fees for such services."

Dr. McKinnon moved that the resolution be not approved. Dr. Barlett stated that he was under the impression of a similar resolution was offered by the Duval county delegation. There being no further discussion, the chair announced the motion had been made that the resolution be not adopted. Motion seconded and carried. Resolution not adopted.

Dr. Bryans announced that this completes the report of the Committee No. 1, Health and Education.

REPORT OF REFERENCE COMMITTEE NO. 2

Dr. John A. Beals, chairman of Reference Committee No. 2, Public Policy, was recognized and asked to present the recommendations of that Committee.

"The Committee approves the condemning of practice of medicine in hospitals in the Alachua County Medical Society resolution published in the Handbook, but recommends the substitution of the resolution offered by the Duval County Medical Society as read at yesterday's meeting of the House, as follows:

RESOLUTION

Whereas; A special committeee from the Board of Trustees of the American Medical Association has in preparation a report concerning the practice of medicine by hospitals, especially in the specialties of anesthesiology, radiology, pathology and physical therapy, and

Whereas; Such practices by hospitals repeatedly have been condemned by various state, regional, and national medical societies and by the American Medical Association, and

Whereas; In consequence of the exploitation of medical services by hospitals there is a tendency on the part of the exploited physician-specialist to supply less efficient medical service to hospitalized patients, and

Whereas; This is detrimental to the best interests of patients and hospitals as well as the medical profession and the general public, and

Whereas; Such conditions seriously tend to lower the quality of postgraduate medical training and ethical example of young physicians in training as interns and residents;

Therefore Be It Resolved: The Florida Medical Association should condemn the exploitation of medical services by hospitals and, through its Delegates to the American Medical Association should request that the Council on Medical Education and Hospitals be required to refuse approval for training of interns and residents of any hospital wherein the quality of medical training and ethical example is found, upon investigation, to be degraded by the practices condemned herein.

Duval County Medical Society
John A. Beals, *President*

Dr. Beals moved the adoption of the substitute resolution. Motion seconded.

Dr. Pearson discussed the action of the American Medical Association on a similar resolution.

Dr. Owens offered an amendment to the motion that the resolution be referred to the committee appointed by the A. M. A. for the consideration of such subjects.

Dr. Beals announced the amendment was acceptable and likewise the second announced it was acceptable to him as second to Dr. Beals' motion.

Dr. John D. Milton moved as a substitute motion that the original motion be tabled until such time as we have a report of the special committee appointed by the A. M. A. on this subject.

Substitute motion seconded.

On a standing vote the chair announced 39 for the motion, and 34 against; so the substitute motion carried and the previous motion was tabled.

"The Reference Committee approves the report of the Committee on Legislation and Public Policy as published in the Handbook."

Dr. Beals moved that the report be adopted. Seconded and carried.

REPORT OF COMMITTEE ON LEGISLATION AND PUBLIC POLICY

With your permission I would like to make some verbal comments, off the record, which will not exceed five minutes.

The members of the Association are familiar with the activities of your committee on Legislation and Public Policy through personal contacts, letters and The Journal. In the December 1947 Journal a rather complete report was published after the last session of the Legislature.

An annual report is, therefore, not submitted at this time since it would be largely a repetition of the activities and results.

Respectfully submitted,
Harold D. Van Schaick, *Chairman*

"The Reference Committee approves the report of the Committee on Medical Education and Hospitals as published in the Handbook."

Dr. Beals moved the adoption of the report. Seconded by Dr. Netto. Motion carried.

REPORT OF COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

The activities of the Committee on Medical Education and Hospitals this year have been largely directed toward replying to communications relative to the operation of the Florida State Hospital Plan formulated in conjunction with the Federal Hospital Survey and Construction Act. The necessary information has been supplied to the Committee by the Florida State Improvement Commission, Hospital Planning Division. This survey and the possibility of federal aid has stimulated inquiries from Pensacola, Bradenton and Sebring. Available information has been forwarded to these communities.

Your committee wishes to direct the attention of the State Association to several salient facts concerning the hospital situation in Florida brought to light by the abovementioned survey:

I. The survey reveals that Florida has 6,599 beds in 111 General Hospitals, whereas there should be 10,123 beds for adequate service to the people.

II. The situation with regard to other types of hospitals is even worse.

A. Tuberculosis Hospitals

Present Beds	Required Beds
872	2,180

B. Nervous and Mental Hospitals

Present Beds	Required Beds
5,842	11,243

C. Chronic Disease Hospitals

Present Beds	Required Beds
485	4,497

III. The largest proportion of the state has less than 80 per cent of the minimum requirements for General Hospital beds, and some sections have less than 30 per cent of the minimum requirements.

IV. The present cost of building seems almost prohibitive. In the state it is costing approximately $10,000 per bed to build and equip a modern hospital of from 40 to 60 beds.

Florida's share of the federal funds is $7,500,000 over a period of five years, which means that if the full amount were made available, $22,500,000 will be spent in building. At the present cost of construction, this will supply only about 2,000 additional beds. The total minimum requirement of additional beds in all types of hospitals is 15,087, which at the present cost would involve the expenditure of $150,870,000. It appears, therefore, that the federal aid is indeed a "drop in the bucket."

A list of hospitals in Florida is published annually in the Florida Medical Directory. This list, at present, is not a list of approved or registered hospitals—it is merely a list of ethical hospitals. This type of listing has been severely criticised by several groups within the state, and your committee wishes to suggest a change in the form of listing.

The minimum requirements for approval by the American Medical Association and the American College of Surgeons are attained by most hospitals only after considerable effort on the part of the hospital staffs and hospital boards concerned. Such approval should definitely be indicated in the published lists of Florida hospitals. Of the 129 hospitals on the state list only 24 are fully approved by the American College of Surgeons and the American Medical Association, and 9 are conditionally approved. It is suggested that in the published lists of Florida hospitals, credit be given by means of symbols such as those used in the American Medical Association and the American College of Surgeons lists to indicate approved, conditionally approved, approved for interneship, approved for residences, nurses' training school. This will give a true picture of the hospital situation in the state and also indicate the exact status of each individual institution. The only alternative is an official inspection of hospitals by the Florida Committee on Medical Education and Hospitals. This would be a formidable task and entirely unnecessary, since the ground is thoroughly covered by the American Medical Association and the American College of Surgeons, and additional inspections would be a duplication of effort. Certainly, the lists as published by the organizations mentioned can be accepted as accurate.

Respectfully submitted,
George M. Dawson, *Chairman*

"The Committee approves the report of the Committee on Public Relations as published in the Handbook."

Dr. Beals moved that the report be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON PUBLIC RELATIONS

Certain portions of the public relations program of the Florida Medical Association for the past year have been handled through the Florida Academy of Public Medicine, the organization entrusted with this duty by the Board of Governors. At a meeting of the Board of Governors on Sept. 21, 1947, the preliminary program of the Academy of Public Medicine, as presented by its Secretary-Treasurer, Dr. Shaler Richardson, was approved. The first provision of the "General Policies" of the Academy is:

> "To operate in conjunction with, and under the guidance of, the Chairman, Public Relations Committee of the Florida Medical Association."

In accordance with this provision your chairman has been present at all subsequent meetings of the Board of Directors of the Florida Academy of Public Medicine, and members of your committee were also invited to be present at the meeting on Nov. 20, 1947, at the Windsor Hotel in Jacksonville. Several of them attended this meeting.

Since it was the feeling of both your chairman and the Board of Directors of the Academy of Public Medicine that the public relations program, to be successful, must be carried out largely at the level of the county medical society, the following proposed public relations program for county medical societies was prepared and copies sent to all the component societies of the Association:

"I. The purpose of this program shall be to further a better understanding of problems common to both the laity and the profession, to disseminate information which is of general interest and value through all available media, and to keep both the public and the medical profession informed of significant progress in all fields of medicine.

II. There shall be appointed a Director of Public Relations from among the membership of the county medical society, who will operate in conjunction with the Florida Academy of Public Medicine and the Florida Medical Association, and will be responsible to the Public Relations Committee of the society, the President, and the Board of Governors.

III. The public relations program of the county medical society shall be organized along the following lines:

A. News Releases—Items of local interest to be given to local papers. Items of general interest to be released through the Florida Academy of Public Medicine.

B. Radio Programs—In conjunction with the Florida Academy of Public Medicine, arrangements will be made for the use of transcriptions, 'live' subjects, and other suitable radio presentations over local stations.

C. Speakers' Bureau—The Director will organize and direct a Speakers' Bureau, the purpose of which shall be to make available competent speakers on medical subjects to lay organizations, before whom it is judged suitable for such appearances to be made.

1. A list of members who are willing to make such talks will be kept and selections will be made from the list in such a way as not to overburden any one speaker.

   a. If desired by a sufficient number of members of the society, a course in public speaking will be arranged for those who will serve as speakers on the bureau program.

2. Kits will be obtained from the Florida Academy of Public Medicine covering subjects suggested. Where subjects are requested for which kits are not available, the Director will give assistance in preparing talks, if desired.

3. Lay organizations ordinarily using speakers will be contacted and notified that talks on medical subjects are available through the bureau. Such organizations will ordinarily be civic clubs, womans' clubs, parent-teacher organizations, and the like.

D. The Director shall investigate the possibility of public lectures on varying subjects of general interest, such as are now being given by the New York Academy of Medicine."

Many of the county medical societies have already adopted this or similar programs.

Your chairman has worked closely with the Executive Secretary of the Florida Academy of Public Medicine and its Board of Directors and has approved and assisted in carrying out all of its activities. Details of what has been done will be presented in the full report of the Academy at 2:00 p.m., Wednesday, April 14, and will not be repeated. It can be said, however, that a large scale public relations program is already under way with radio programs in most of the key cities, frequent news releases upon subjects relating to medicine in general and Florida medicine in particular, the provision of speakers on medical subjects wherever requested, and other related activities. The program is rapidly expanding and valuable experience is being gained daily from its operation.

Respectfully submitted,
Frank G. Slaughter, *Chairman*

"The Committee recommends the adoption of the report of the Committee on Interrelationship as published in the Handbook."

Dr. Beals moved that the report be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON INTERRELATIONSHIP

This committe has not held a meeting during the past year. The committee has kept in touch with allied professions through correspondence with Dr. P. A. Foote, Director of the Bureau of Professional Relations of the School of Pharmacy of the University of Florida.

The Bureau of Professional Relations mailed 88,000 pieces of literature to Florida physicians and pharmacists in 1947. This represents an increase of 3,000 over last year. A new addition of the Supplement to the accepted Florida Formulary was published.

Since 1940 the Florida State Board of Pharmacy has contributed $32,100 for the work of the bureau. Beginning July 1, 1947, the University of Florida provided an additional $5,000.

In September 1947 Mr. L. W. Harrell was appointed Associate Director of the Bureau on a full-time basis. About two-thirds of his time is being devoted to field work contacting Florida physicians and pharmacists.

These facts are from a special report to your committee by Dr. P. A. Foote, Director of the Bureau of Professional Relations.

It is the opinion of the committee that the bureau is well-directed and is making steady progress toward better cooperation of the physicians and pharmacists of the state.

Respectfully submitted,
Henry J. Peavy, *Chairman*

"The Reference Committee approves the report of the Committee on State Controlled Medical Institutions as published in the Handbook."

Dr. Beals moved that the report be adopted. Motion seconded and carried.

REPORT OF COMMITTEE ON STATE CONTROLLED MEDICAL INSTITUTIONS

I feel that in order for this committee to function properly each institution should be visited. I have been unable to find out which ones are involved, but I assume they are the Florida State Hospital in Chattahoochee, the Florida Farm Colony in Gainesville, and so forth.

I am better acquainted with the Florida Farm Colony than with any of the others, but do not think it proper to make a report on one institution.

I think this committee should contact institutions before making a report to the House of Delegates, and it is my recommendation that this practice be adopted for the future, and the committee, as soon as possible after their appointment, be advised the name of the institution. The report should also cover a general idea of what should be embodied in report, if this committee is to be worthwhile to the Association.

Respectfully submitted,
J. Maxey Dell, *Chairman*

"The Reference Committee approves the report of the Committee on Representatives to Industrial Council as published in the Handbook."

Dr. Netto: As outgoing president of the Florida Association of Industrial and Railway Surgeons, I wish to report that we have been able, in the last three weeks, to secure an increase in the industrial fee schedule so far as pertains to office calls, from $2.00 to $3.00, effective May 1, 1948. I have an official copy of the order to that effect.

Dr. Beals: I move the adoption of the report as published in the Handbook.

Motion seconded and carried.

REPORT OF REPRESENTATIVES TO INDUSTRIAL COUNCIL

No inquiries or complaints have come to the attention of the Industrial Council during the past year. Consequently there have been no meetings held and there is nothing to report at this time.

Respectfully submitted,
Frank L. Fort, *Chairman*

REPORT OF REFERENCE COMMITTEE NO. 3

Dr. Duncan T. McEwan, chairman of Reference Committee No. 3, Finance and Administration, was recognized and asked to present the recommendations of that Committee.

The Reference Committee had for consideration a resolution which was adopted at the House of Delegates meeting last year and published on page 708 of the June, 1947, Journal, as follows:

RESOLUTION

WHEREAS, The cost of living and the practice of Medicine and Surgery has advanced greatly, and

WHEREAS, The fees paid by the Florida Industrial Commission have remained fixed with slight amendments for a number of years, and

WHEREAS, Other Federal and State Agencies who render services to those qualifying for same, both indigent and otherwise, have also remained on a parity level in the schedule of fees for Medical and Surgical services, namely, the Florida Crippled Children's Commission, Florida Rehabilitation Service, Florida Council for the Blind, District Welfare Board, Veterans Administration, etc.; therefore,

BE IT RESOLVED by the Escambia County Medical Society that its delegates be instructed to request that the Florida Medical Association, through the Medical Economics Commitee or a special committee composed of all the specialty groups appointed by the president, review the existing fee schedules and make recommendations and secure the adoption of same, for fees equable to present day values for the Florida Industrial Commission and that the other agencies be required to adjust their fees commensurate thereto.

Medical Economics Committee
Escambia County Medical Society
C. J. Heinberg, *Chairman*

Since the provisions of this resolution had apparently not been carried out, Dr. McEwan moved that the resolution be re-adopted. Motion seconded and carried.

Dr. McEwan moved that the resolution for establishment of Specialty Sections as part of the Scientific Assemblies, be approved. Motion seconded and carried.

RESOLUTON FOR THE ESTABLISHMENT OF SPECIALTY SECTIONS AS PART OF THE SCIENTIFIC ASSEMBLIES

WHEREAS the Florida Medical Association has grown to the point where section meetings are feasible, and

WHEREAS the sessions of the Specialty Societies are now dominating more or less the interest of men in the specialties, and

WHEREAS these section societies are not now a part of the Florida Medical Association,

IT IS HEREBY RESOLVED: That Clinical sections be established and incorporated into and made a part of the regular Scientific Session of the State Meeting, and that they be designated as:

Section on Pediatrics
Section on Neurology
Et Cetera

AND BE IT FURTHER RESOLVED, that Specialty Societies be discouraged from having meetings which are not a part of the regular Scientific program of the annual meeting of the Florida Medical Association, as are now held prior to or following the regular Scientific program.

Respectfully submitted,
Delegates of Broward County Medical Society
Russell B. Carson
Henry J. Peavy
Donald H. Gahagen

Dr. McEwan moved that the resolution found on page 8 of the Handbook and presented by Leon-Gadsden-Liberty-Wakulla-Jefferson County Medical Society be approved as revised. Motion seconded.

Dr. Jones: I move that the revised resolution be amended to include the word "recommend" for the word "direct."

Motion to amend was seconded and carried.

Original motion as amended called for. Motion carried.

REVISED RESOLUTION

WHEREAS, the Florida Medical Association is vitally interested in all proposed legislation which affects public health or the healing arts;

AND WHEREAS, said Association is expected to and does seek to give the members of the legislation of the State of Florida and to the Governor, the benefit of its views on legislative matters with the object of securing the passage of legislation deemed by the Association to be necessary or desirable in the interest of public health or the ethical and progressive application of the healing arts, and also of preventing the enactment of laws which are detrimental to these interests;

AND WHEREAS, it is necessary that the Association, if is to discharge its duties to its members and to the public, must take prompt action to assure an intelligent, lucid presentation of its legislative program and must immediately take steps to formulate its program and to establish the means for its successful advancement.

THEREFORE BE IT RESOLVED BY THE HOUSE OF DELEGATES OF THE FLORIDA MEDICAL ASSOCIATION:

That we recommend the Florida Academy of Public Medicine, as early as practical, engage the services of some person, who is a lawyer or otherwise professionally qualified and who is familiar with legislative procedure, to act as consultant on legislative matters and to assist in directing and administering the legislative program of the Academy preparatory to and during the 1949 sessions and thereafter as necessary.

"The Committee approves the following supplement by the Committee on Necrology."

Two deaths were announced from the floor; Dr. John Henry Thomas, Gainesville, and Dr. Augustus E. Conter, Apalachicola.

Dr. McEwan moved that the report of the Committee on Necrology as published in the Handbook, the supplemental report and the addition of the two names indicated, be adopted. Motion seconded and carried.

SUPPLEMENT TO

REPORT OF COMMITTEE ON NECROLOGY

Since the Handbook for Delegates was printed, the Association has lost by death the members whose names are listed below:

Augustus E. Conter, Apalachicola
Theo. G. Croft, Jacksonville
Rollin Jefferson, Tampa
Harry L. Merryday, Daytona Beach
Carney W. Mimms, Ocala
John Henry Thomas, Gainesville
Thomas D. Vassar, Lakeland

Respectfully submitted,
Courtland D. Whitaker, *Chairman*

REPORT OF COMMITTEE ON NECROLOGY

During the last fiscal year our Association lost by death the members whose names are listed below:

Robert C. Boothe, Fort Pierce
Laura M. Bourne, Miami
Warren A. Brewster, Callahan
Andre A. Cueto, Fort Lauderdale
George A. Davis, DeLand
Robert D. Ferguson, Ocala
Harry C. Galey, Key West
Allen P. Gurganious, Palatka
Eustace Long, Madison
Gilbert S. Osincup, Orlando
William C. Rentz, Miami
C. Frederic Roche, Miami
William W. Shafer, Haines City
Wm. E. Sherman, Winter Haven
Samuel A. Shoemaker, Orlando
Nathaniel L. Spengler, Tampa
J. Pitt Tomlinson, Sr., Lake Wales
Walter A. Weed, Orlando
Harold E. Weller, St. Petersburg
Alpheus K. Wilson, Jacksonville

When possible, obituaries have appeared in The Journal relative to the deaths of these doctors. Tributes have been paid to them in the different communities where they have practiced.

May we at this time stand for a moment of silence in reverence and respect to the memory of our departed colleagues.

Respectfully submitted,
Courtland D. Whitaker, *Chairman*

"The Committee approves the report of the Council as published in the Handbook and the supplemental report read yesterday."

Dr. McEwan moved that the report and supplement be approved and that the new charters be issued to the two county medical societies designated. Motion seconded and carried.

SUPPLEMENT TO

REPORT OF COUNCIL

A request has been filed for a charter to be issued for a separate component society to be known as Indian River County Medical Society. The following eight members of the State Association to be charter members:

John P. Gifford
William L. Fitts, 3rd
James C. Robertson
Joseph B. Kollar
Erasmus B. Hardee
P. T. McClellan
Melton D. Council
Frank A. Sica

The St. Lucie-Okeechobee-Indian River-Martin County Medical Society, at a meeting held March 25, voted that "it will not stand in the way of the Indian River County physicians organizing a separate medical society and the reorganization of the present society with a three county group," signed by Adrian M. Sample, Secretary.

The final communication was received too late to call a meeting of the Council. Dr. Adrian M. Sample, Councilor from the Seventh District, and I present this petition for action or to be referred back to the Council.

1. New charter—St. Lucie-Okeechobee-Martin County Medical Society.
2. New charter—Indian River County Medical Society.

Respectfully submitted,
W. Duncan Owens, *Chairman*

REPORT OF COUNCIL

As chairman of the Council, it is my pleasure to report that the eight Councilors have been active and cooperative throughout the entire year.

The major activity of the Council during the year was the staging of four medical district meetings last fall. An extensive writeup of these meetings was published in the January 1948 issue of The Journal on page 409.

Total registration for the four medical district meetings was 420; of this number, 298 were doctors and 122 were ladies. This is considered a very good showing. Meetings were held in the smaller cities in only half day sessions. A large number of members attend the district meetings who are not able to attend the annual convention.

At each meeting two scientific papers were presented; one by a local member of the district and one by a guest member from another district. These papers were excellent and well received. All papers were turned in for publication in The Journal.

The officers of the State Association took a week off to attend the four meetings and each officer made a short address which was of unusual interest. Since these smaller meetings are more informal, opportunity is afforded for questions to be asked and answered. This adds to the value of the meetings.

At the request of the A. M. A. Council on Medical Education and Hospitals, Dr. Butcher, Councilor from District 5, investigated and made a report on certain hospitals located in Bradenton, Punta Gorda, Tarpon Springs and St. Petersburg.

New appeals were referred to the Council during the year. Chapter 11, Section 7, of the By-Laws provide that appeals may be heard by the Council on request.

As the retiring chairman of the Council, I wish to thank the officers of the Association for their excellent cooperation, and particularly to commend the essayists who presented papers and the Councilors, Drs. William C. Roberts, Irby H. Black, Vernon A. Lockwood, Rabun H. Williams, John M. Butcher, James R. Boulware, Jr., Adrian M. Sample and Russell B. Carson for their unusual interest and loyalty, which were evident throughout the year.

Respectfully submitted,
W. Duncan Owens, *Chairman*

"In the report of the Board of Governors there are several resolutions which the Board of Governors recommended for approval. I will take up resolutions first and then ask for approval of the report after approval or disapproval of the resolutions."

Dr. McEwan moved the resolution endorsing the American Association of Blood Banks, which is approved by the Reference Committee be adopted.

Motion seconded and carried.

"The Resolution by the Board of Governors on a Medical Information Office being set up in Tallahassee was not approved by the Reference Committee."

Dr. McEwan moved that this resolution be disapproved and not published in The Journal.

Motion seconded and carried.

"Following the suggestion of the Board of Governors, the Reference Committee recommends the adoption of the following resolution relative to the A. M. A. dropping Blue Cross insurance for its employees:

RESOLUTION

WHEREAS it has come to the attention of the House of Delegates of the Florida Medical Association that the American Medical Association has taken hospital insurance on its employees away from Blue Cross and has given it to a commercial company, and

WHEREAS this action will have a detrimental effect both on the Blue Cross and on the Blue Shield since the two organizations are so intimately related, and

WHEREAS by this action it becomes obvious to the public and to the medical profession that the parent organization, the American Medical Association, which has encouraged us in forming nonprofit insurance organizations, has reached the conclusion that commercial hospital and health insurance has definite advantage over our nonprofit organizations, and

WHEREAS no doubt commercial insurance companies will capitalize in their advertising matter on this action in preferring commercial insurance for the employees of the A. M. A. to the nonprofit Blue Cross and Blue Shield.

THEREFORE BE IT RESOLVED that the House of Delegates of the Florida Medical Association vigorously protest to the House of Delegates of the American Medical Association, the action of taking away hospital insurance of the employees of the American Medical Association from the Blue Cross and placing same with a commercial organization.

Dr. McEwan: I move the adoption of this resolution.

Motion seconded and carried.

Dr. Flipse: I move that the vote be made unanimous and that our delegates be instructed to so announce at the meeting of the House of Delegates of the A. M. A.

Motion seconded and carried.

"The Reference Committee approves the recommendation of the Board of Governors to disapprove the resolution published in the June, 1947, Journal, page 712, that no members of the Board of Governors shall sit in the House of Delegates, etc."

Dr. McEwan moved that the resolution be disapproved. Motion seconded and carried.

"The Committee recommends that the report of the Board of Governors, as published in the handbook, and the supplementary report with the changes which you have now made by your voting, be adopted."

Motion seconded and carried.

SUPPLEMENT TO

REPORT OF BOARD OF GOVERNORS

A called meeting of the Board of Governors was held March 7 which was too late to be included in the House of Delegates Handbook.

It was recommended that the joint invitation from Pinellas and Hillsborough County Medical Societies to hold the 1949 annual meeting at Belleair be accepted (it was the only application), and that the dates of the meeting be decided by the Board of Governors.

Offices for the Academy of Public Medicine (Public Relations for the F. M. A.) have been obtained adjoining the State Association's headquarters office in the Florida Theatre Building.

On signed applications of county medical societies, the following were elected as honorary members: Drs. Charles A. Clemmer, Raymond C. Conklin, Cleveland C. Fuqua, Thos. Robbin Griffin, Percy F. Lisk and Maximilian W. Moeller.

The following resolution was referred favorably to the House of Delegates for action:

RESOLUTION

"WHEREAS, the American Association of Blood Banks, organized in Dallas, Texas, November 19, 1947, has, in its Constitution and By-Laws, set forth objectives consistent with the ethical and scientific practice of a medical specialty as follows:

1. To promote and foster the exchange of ideas and materials and the dissemination of information relating to Blood Banking and its technical methodology by education, publicity and research;

2. To foster and plan for cooperation in times of disaster;

3. To function as a clearing house on questions relating to the training of personnel common to such institutions;

4. To keep currently aware of and encourage high standards of service;

5. And to promote and foster and aid and encourage the extension of similar services throughout the United States and its territories.

AND WHEREAS, the American Association of Blood Banks seeks indorsement by the Florida State Medical Association.

BE IT THEREFORE RESOLVED that the Florida Medical Association indorse the American Association of Blood Banks and its program as set forth in the preamble and the third article of its Constitution."

A study is being made for a medical plan on a state wide or local level to meet the threat of a disaster or national emergency.

Authority was given the secretary of the Association to take out Blue Cross and Blue Shield coverage for five employees of the Florida Medical Association.

(The resolution providing for an office of "Medical Information" in Tallahassee was disapproved by the House of Delegates, April 14, 1948, with instructions not to publish in the Journal.)

A report was given by the Special Committee which had been appointed to review the Fee Schedules of the Florida Medical Service Corporation. Each member of the Committee sent in a proposed fee schedule covering his own specialty. The Committee, however, made no recommendations to the Board of Governors asking that the suggested fee schedule be adopted. Those members of the Committee who expressed an opinion stated that the proposed changes should be studied in the light of

the effect that their adoption would have on the financial well being of our Service Plan. After free discussion, it was decided that the financial condition of the Blue Shield at this time does not permit of any extensive changes in fees. It was recommended to the Executive Committee of the Florida Medical Service Corporation, however, that the fee for tonsillectomy should be increased from $25.00 to $35.00. Recommendation was also made that a slight change in x-ray charges be made.

The chairman of the Legislative Committee and the chairman of the Public Relations Committee were made active members of the Florida Academy of Public Medicine.

President Thomas brought to the attention of the Board of Governors the fact that the American Medical Association has taken hospital insurance for its employees away from Blue Cross and given it to a commercial insurance company. Dr. Thomas read a proposed letter from himself to Dr. George F. Lull, Secretary and General Manager of the American Medical Association, vigorously protesting such action as being disloyal to the voluntary medical and hospital plans. These voluntary insurance plans are sponsored by the Florida Medical Association and the medical associations of more than forty other states. Attention was called to the fact the commercial insurance companies would undoubtedly use this action by the American Medical Association for propaganda purposes against our own voluntary insurance plans. It was obvious from the discussion that the Board felt very strongly about the matter and the letter was given unanimous approval. Dr. Lull's answer to Dr. Thomas' letter, briefly stated, was to the effect that the American Medical Association places its insurance on a business and not a sentimental basis. After discussing the matter with Dr. Thomas and other members of the Board of Governors, the Chairman would like to recommend to the House of Delegates that it pass a resolution directed to the House of Delegates of the American Medical Association, strongly protesting the action and attitude of the American Medical Association in this matter.

RECAPITULATION

1. The 1949 annual meeting, Belleair.
2. Resolution, American Association of Blood Banks—objectives.
3. Resolution, "Medical Information" office, Tallahassee, during Legislative Session.
4. Report of Special Committee on Fee Schedule of Medical Service Corporation.
5. Letter protesting action of American Medical Association in giving insurance on employees to a commercial insurance company.

Respectfully submitted,
Walter C. Payne, *Chairman*

REPORT OF BOARD OF GOVERNORS

Meetings of the Board of Governors were held on April 23, June 25, and September 21. The attendance at the Board meetings was excellent and reflects credit on the members who devoted time and effort in this phase of the Association's activities.

Dr. Shaler Richardson presented information obtained from other state associations relative to the manner in which annual reports of standing committees are presented at annual meetings. After careful discussion of the various procedures it was decided to request that annual reports of chairmen of standing committees and resolutions be forwarded to the Secretary of the State Association sixty days prior to the first meeting of the House of Delegates and published in a "confidential" booklet which is to be mailed to each delegate. Details of the new procedure have been published in The Journal and personal letters written to chairmen of standing committees and secretaries of county medical societies. It is hoped that this new procedure of eliminating the reading of long reports at the first meeting of the House of Delegates will make the responsibilities of the delegates less burdensome. The procedure this year is on a trial basis and subject to constructive criticism or suggestions.

Dr. F. Hardy Bowen, chairman of a special committee on veterans care, reported progress at the Board meeting and obtained the approval of Part II of a Fee Schedule. Dr. Bowen and the other members of the special committee are preparing a booklet containing pertinent information and fee schedules, which is to be placed in the hands of every member of the Association. Delay in the publishing of the Fee Schedule was requested until after it had been signed by the Veterans Administration and the president of the Florida Medical Association.

A number of budget items were presented by Dr. Robert B. McIver, Secretary-Treasurer, for certain expenditures in the Association office, which were approved.

On signed applications of county medical societies, the following were elected as honorary members: Drs. Lucien B. Dickerson, Robert E. Repass, Warren A. Brooks, Thomas H. Dillard, Tom Rogers Gammage, James H. Fellows, Lester W. Horne, John A. Hardenbergh, Henry Hanson.

At the request of the Florida Medical Service Corporation (Blue Shield), a special committee was appointed to review Fee Schedules and report back to the Board of Governors. The following were named on the committee: Drs. Louis M. Orr, II, Chairman, M. Crego Smith, Charles B. Mabry, John S. Helms, Jr., Homer L. Pearson, Jr., Jesse N. McLane, J. Maxey Dell, Jr.

The terms of a number of members of the State Board of Medical Examiners expired and a list of names for reappointment and appointment were submitted to the Governor with a notation that additional names would be submitted provided the four appointments could not be satisfactorily made from the list submitted. The names included on the list were Drs. Frank D. Gray, George S. McClellan, Joseph B. Kollar, Isaac W. Chandler, Lloyd J. Netto, Herbert E. White, Duncan T. McEwan, W. Wellington George, Adrian M. Sample, James L. Borland, Howard V. Weems, Edwin H. Andrews.

The official dates for the annual convention in St. Augustine were set for April 10-14, 1948, with the annual meeting of the State Association to open Monday morning, April 12.

A joint invitation to hold the 1949 annual meeting in Belleair was received from Hillsborough and Pinellas County Medical Societies. Investigation of hotel facilities and rates has not yet been completed.

Dr. Shaler Richardson, chairman of a special committee, reported currently on the establishment of a public relations bureau. It was decided, after careful thought and consideration, to have a separate corporation function as an agency to carry out certain phases of the Association's public relations program. The agency will be known as the Florida Academy of Public Medicine and has been functioning since the latter part of 1947. Ten dollars of all state dues received have been turned over to the Academy by Dr. Robert B. McIver, Secretary-Treasurer. Mr. Ernest R. Gibson was appointed Executive Secretary. No office space was available in the building where the State Association headquarters are located, but temporary office space was obtained across the street. The Board of Governors approved a meeting of the Florida Academy of Public Medicine and the Florida Medical Service Corporation at 2:00 p.m., Wednesday, April 14. All members of the Florida Medical Association are either active or associate members of the Academy and are urged to attend this meeting at which full reports will be given by the officers.

The schedule for the 1948 annual meeting in St. Augustine was approved as it appears in your printed program.

The resolution presented at the last meeting of the House of Delegates and published in the June 1947 Journal, page 712, recommending that Section 2, Chapter 7 of the By-Laws be amended to have the five members of the Board of Governors, now appointed by the president, to be elected by the House of Delegates; that no member of the Board of Governors shall sit in the House of Delegates, and that members of the Board of Governors shall preferably come from the House of Delegates or recent members of the House of Delegates, was referred by the Reference Committee with this suggestion: That it be studied further during the coming year of the new administration, presented at the medical district meetings and referred back to the House of Delegates with recommendations, at the next annual meeting. President Thomas presented the contents of the resolution at the four medical district meetings as instructed. Your Board has gone on record as disapproving the resolution presented by Dr. Mallory and no objection was raised at the medical district meetings.

The report of our delegates, Drs. Duncan T. McEwan and Homer L. Pearson, Jr., on the June meeting of the American Medical Association House of Delegates was read and approved for publication in The Journal.

Dr. Turner Z. Cason appeared before the Board and requested a ruling on the handling of registration fees collected from special courses put on by the Department of Medicine of the Graduate School of the University of Florida. Action was taken authorizing the treasurer of the State Association to accept registration fees for the special course on Hematology and other courses when requested by the chairman of the Association's Committee on Medical Postgraduate Course, and that checks may be issued by the treasurer for expenditures that are approved by the chairman of the Association's Committee on Medical Postgraduate Course.

I wish to commend the members of the Board of Governors for their faithful attendance at the meetings and the personal interest in solving the problems that were presented for action.

Respectfully submitted,
Walter C. Payne, *Chairman*

The chair called for any unfinished business.

(None).

The chair called for any new business.

(None).

Announcements.

(None).

On motion which was carried, the meeting recessed at 3:20 p.m.

THIRD HOUSE OF DELEGATES

The House of Delegates reconvened at 12:00 noon, Wednesday, April 14, 1948, in the Venido Room of the Ponce de Leon Hotel, St. Augustine. President Thomas in the chair.

Dr. Leigh F. Robinson announced there would not be a meeting of the Florida Medical Service Corporation in the afternoon.

It was announced there would be a short meeting of the Florida Academy of Public Medicine following this meeting of the House of Delegates.

The Credentials Committee announced that the following delegates were present and had signed attendance cards.

The chair declared a quorum present.

DELEGATES

ALACHUA—Edwin H. Andrews, James M. McClamroch

BAY—William C. Roberts

BREVARD—Thomas C. Kenaston

BROWARD—Russell B. Carson, Henry J. Peavy (*Absent—Donald H. Gahagen*)

COLUMBIA—Thomas H. Bates

DADE—John D. Milton, W. Duncan Owens, Frazier J. Payton, Harold Rand, Jack Q. Cleveland, Walter C. Jones, Richard M. Fleming, Carlos P. Lamar, Homer L. Pearson, Jr., Ralph W. Jack, Warren W. Quillian, S. Marion Salley, Franz H. Stewart, Robert T. Spicer, James L. Anderson, Plumer J. Manson, Edward W. Cullipher, M. Jay Flipse (*Absent—Arthur H. Weiland, Donald W. Smith, Herbert W. Virgin, Jr.*)

DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES—Howard V. Weems

DUVAL—Edward Jelks, Leo M. Wachtel, Raymond R. Killinger, William H. Brooks, E. Thomas Sellers, Frederick W. Krueger, Karl B. Hanson, James L. Borland, Charles F. Henley, John A. Beals (*Absent—F. H. Schnauss*)

ESCAMBIA—Herbert L. Bryans, Luther C. Fisher, Jr., Jesse N. McLane

FRANKLIN-GULF—(*No Delegate*)

HILLSBOROUGH—H. Phillip Hampton, Samuel G. Hibbs, William M. Rowlett, Chas. W. Bartlett, Thomas M. Edwards, C. Frank Chunn, Joshua C. Dickinson

JACKSON—Daniel A. McKinnon

LAKE—Rabun H. Williams

LEE—William H. Grace

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON—Walter G. Miles, George H. Garmany

MADISON-SUWANNEE—(*Absent—C. LeRoy Adams, Jr.*)

MANATEE—Lowrie W. Blake

MARION—Henry L. Harrell (*Absent—John N. Moore*)

MONROE—James B. Parramore

NASSAU—Henry B. Dickens, Jr.

ORANGE—Horace A. Day, Eugene L. Jewett, William S. Mitchell, Chas. J. Collins, Jr., Louis M. Orr, II, Duncan T. McEwan

PALM BEACH—V. Marklin Johnson, W. Wellington George, Lloyd J. Netto, Charles McD. Harris, Jr.

PASCO-HERNANDO-CITRUS—William G. Mason

PINELLAS—M. Eldridge Black, Harold E. Winchester, William M. Davis, Whitman H. McConnell, Norval M. Marr, Councill C. Rudolph, Annette M. Feaster

POLK—Herman Watson, James R. Boulware, Jr., Lee E. Parmley, Chester H. Murphy

PUTNAM—Bernard E. Kane

ST. JOHNS—A. Clark Walkup

ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN—Adrian M. Sample

SARASOTA—Reaves A. Wilson

SEMINOLE—(*Absent—Orville L. Barks*)

TAYLOR—Walter J. Baker

VOLUSIA—Vaughan A. Shaw

WALTON-OKALOOSA—Howard F. Currie

WASHINGTON-HOLMES—Bayllye W. Dalton

ASSOCIATION OFFICERS—William C. Thomas, Joseph S. Stewart, Bricey M. Rhodes, Robert B. McIver, Shaler Richardson (*Absent—Frank D. Gray*)

The chair called for unfinished business.

(None).

The chair called for new business.

(None).

The chair called for nomination of president-elect.

Dr. Homer L. Pearson was recognized.

Dr. Pearson: It is a privilege and pleasure for me to nominate your president-elect. There are many members in our Association who, through their untiring efforts in organized medicine in general and in the Florida Medical Association in particular, are deserving of this high honor. The objection is that we have only one president at a time. Therefore, it is our duty as a body to select that person whom we think is particularly fitted for the office at this time. The man I wish to nominate has that particular ability. He has demonstrated that in his community as a civic leader. He, who is a past president of the Rotary Club of his city, was nominated a year ago as the man who had done the most outstanding public service in his community and this nomination was bestowed by the Kiwanis Club of his city. He not only has been a civic leader, but in the medical profession of his city he has done outstanding work. He was graduated from Tulane University and has been a member of the Florida Medical Association for thirty-three years. He is several times past president of his county medical society and of the hospital staff. In the area in which he has lived he has served as chairman of various groups, such as medical advisory committee, infantile paralysis, of the tuberculosis association and, since December, has been chairman of the cancer society of his county, and in state medical association work he has served as first vice president, a member of the Board of Governors more than once and he is the immediate retiring chairman of the Board of Governors of this Association.

It is with honor to me and with a deep sense of joy and pleasure that I nominate a Christian gentleman and outstanding citizen, a man who is loved and respected by all who know him. I wish to place in nomination the name of Walter C. Payne of Pensacola.

Nomination was seconded.

Dr. Herbert E. White was given the courtesy of the floor.

Dr. White: I would like to say the St. Johns County delegation heartily endorses Dr. Payne as our president-elect.

Dr. Rowlett: I concur with the sentiment expressed by my good friend Homer. There is no time in the meeting of our Association that is sadder and more difficult than this hour that has just arrived. As I look over this gathering I see many men who, through years of devotion and work, are worthy of this high honor and I am sorry that we do not have more presidents-elect so we can bestow this honor upon them. But, in seconding the nomination for Dr. Payne, I would like to call to your attention that it was in 1914 that he joined this Association. In 1921 at the Pensacola meeting, a committee was named to foster through the Legislature a bill that would combine the three licensing boards, eclectic, homeopath and allopath. He was a member of this committee. He was there in continuous attendance, paying his own way and, if my recollection is correct, we stayed through the entire session of that Legislature. We did not call upon the Association for one cent of money and we succeeded where many previous committees had failed—the combining of three boards under one head and giving Florida one of the best medical practice acts to be found in any State of the Union.

I would also like to call to your attention his work on the governing board, the Board of Governors. He has served more years on that board than any other man in the State Association and during those dark days of the war when we were not permitted by the Government to meet I happened to be Chairman of that Board. We had many difficult problems confronting us, making it necessary to call many urgent meetings. I often wondered if we would get a quorum. I could always depend on Walter Clifton "Hippocrates" Payne, and it gives me great pleasure to second the nomination.

Dr. Feaster: I am instructed by the Pinellas County Medical Society to endorse the nomination of Dr. Payne.

Seconded also by Dr. Jelks.

Dr. Parramore moved the nominations close and the Secretary be instructed to cast a unanimous vote for Dr. Payne.

Motion was seconded and carried.

Dr. Bryans and Dr. Rowlett were named by the chair to escort Dr. Payne to the platform.

Dr. Payne: Mr. President, members of the House of Delegates of the Florida Medical Association, ladies and gentlemen:

I shall always remember this as one of the outstanding days of my life. It has brought to me the highest honor that I have ever received or that I will ever receive. In accepting this honor I do so with a feeling of profound humility and with a heart that is literally bursting with gratitude. I find it very difficult under the emotional strain to properly express my feelings. I hope at some time, however, to outline ideas of work to carrying on the affairs of the Association on the high plane established by my predecessors. Being painfully aware of my very limited ability, I promise you the very best administration of which I am capable. Thank you.

The chair called for nominations for first vice president.

Dr. Weems: I would like to nominate a man who is fully capable of holding this office. I take pleasure in placing a nomination for Dr. Herbert E. White.

Nomination seconded.

Motion was made, seconded and carried that the nominations close and that Dr. White be declared the first vice president.

The chair called for nominations for the office of second vice president.

Dr. Bates was recognized and placed a nomination for Dr. Horace A. Day for second vice president. Motion seconded.

Motion made, seconded and carried that the nominations close and that Dr. Day be declared second vice president.

The chair called for nominations of third vice president.

Dr. Netto was recognized and nominated Dr. Reddin Britt as third vice president. Nomination seconded.

Motion was made, seconded and carried that Dr. Britt be declared third vice president.

The chair called for nominations for secretary-treasurer.

Dr. Sellers was recognized and nominated Dr. Robert B. McIver for secretary-treasurer. Nomination seconded.

Motion made, seconded and carried that the nominations close and that Dr. McIver be declared secretary-treasurer.

The chair called for nominations for editor of The Journal.

Dr. Pearson was recognized.

Dr. Pearson: I wish to nominate a man who has served as editor of The Journal with honor for twenty years. I wish to nominate Dr. Shaler Richardson.

Nomination seconded.

Motion made, seconded and carried that the nominations close and that Dr. Richardson be declared editor of The Journal.

Dr. Thomas: It is only fitting that Dr. Herbert E. White and his committees be recognized for their untiring efforts as hosts to the members and guests who have enjoyed such fine hospitality.

A rising vote of thanks was tendered to Dr. White and his committeemen.

Dr. Thomas: I will ask Dr. Pearson and Dr. Cleveland to escort the new president, Dr. Joseph S. Stewart, to the platform.

Dr. Stewart: Mr. Chairman and delegates, the first duty and privilege of the new president is to present to the immediate retiring president a badge of honor and Past President's certificate.

Dr. Thomas, two years ago this Association bestowed upon you the highest honor that was within its power. For the first year as president-elect you worked hard as an understudy to Shaler. A year passed and then in Miami, my own home town, you took over the presidential chair. For the past year you have worked well and hard. In describing to you this past President's button, I shall borrow from the words of our late lamented friend, Ralph Greene. This badge is composed of three colors—gold, green and white. The gold is symbolic of the citrus fruit of this State, this great State of Florida, the green of its perennial leaves and the white of its fragrant blossoms.

It is always a pleasure to bestow a certificate of honor on a man who deserves that certificate and that button. Dr. Thomas, from the bottom of my heart I know full well of all the presidents who have come before you, none has exceeded you in your industry, ability, lovableness and sterling character.

I congratulate you on a job well done and present this button and certificate of the Florida Medical Association as tokens of our esteem.

There being no further business, on motion duly seconded and carried, the House of Delegates adjourned, sine die.

SCIENTIFIC ASSEMBLIES

FIRST SCIENTIFIC ASSEMBLY

The first Scientific Assembly convened at 9:30 a.m., Monday, April 12, in the Jefferson Theatre with Dr. J. Rocher Chappell presiding. The following papers were read and discussed:

1. "The Fenestration Operation for Otosclerosis; Analysis of One Hundred Operations" (Lantern Slides), J. Brown Farrior, Tampa.

2. "Dicumarol in Acute Myocardial Infarction: a Report of Its use in a Small Controlled Series" (Lantern Slides), Henry Fuller, Lakeland.

3. "The State Board of Health's Cancer Control Program; an Outline of Cancer Problem in Florida and the Cancer Control Law As Passed by the Last Legislature," Wilson T. Sowder, Jacksonville.

4. "War Surgery Up Front with Motion Picture Illustrations," William C. Roberts, Panama City.

SECOND SCIENTIFIC ASSEMBLY

The second Scientific Assembly which was devoted to a symposium on "Hypertension" was held at 9:00 a.m., Tuesday, April 13, with Dr. Chappell presiding. The following papers were read and discussed:

5. "Ophthalmoscopic Observations in Hypertension and Their Import," (Lantern Slides), Shaler Richardson, Jacksonville.

6. "The Medical Management of Hypertension; a Review of the Newer Methods of Treatment," Meredith Mallory, Sr., and W. Dean Steward, Orlando.

7. "Hypertension: Recent Trends in the Surgical Treatment" (Lantern Slides), Ashbel C. Williams, Jacksonville.

8. "Hemiplegia: Treatment by Stellate Ganglion Block," Thomas C. Butt and Fred Mathers, Orlando.

THIRD SCIENTIFIC ASSEMBLY

The third Scientific Assembly was held at 9:00 a.m., Wednesday, April 14, with Dr. Chappell presiding. The following papers were read and discussed:

9. "Ligation Patent Ductus Arteriosus" (Lantern Slides), Kenneth A. Morris, Jacksonville.

10. "Amebiasis with Especial Reference to Electrocardiographic Changes in Patients Treated with Emetine Hydrochloride" (Lantern Slides), Webster Merritt, Jacksonville.

11. "Chronic Ulceration of the Lower Leg Treated by Excision and Skin Grafting with a Report of Three Cases," F. Hardy Bowen, Jacksonville.

12. "Influenzal Bacillus Meningitis: a Review of the Literature and a Report of One Case; the Use of Streptomycin As a Therapeutic Agent," Daniel F. H. Murphey, St. Petersburg.

REGISTRATION

The total registration during the seventy-fourth annual meeting of the Florida Medical Association, held in St. Augustine, April 11, 12, 13 and 14, was 938, of which 534 were members of the Association, 49 were visiting physicians, 5 were other guests, 265 were members and guests of the Woman's Auxiliary, and 85 were representatives of exhibiting firms.

REGISTRATION LIST

OFFICERS

William C. Thomas, President ..... *Gainesville*
Joseph S. Stewart, President-elect ..... *Miami*
Frank W. Hewlett, 1st Vice President ..... *Coral Gables*
Frank D. Gray, 2nd Vice President ..... *Orlando*
Bricey M. Rhodes, 3rd Vice President ..... *Tallahassee*
Robert B. McIver, Secretary-Treasurer ..... *Jacksonville*
Shaler Richardson, Editor ..... *Jacksonville*
Stewart G. Thompson, Managing Director ..... *Jacksonville*

MEMBERS

APALACHICOLA: Terry Bird. APOPKA: Thomas E. McBride. BALDWIN: William D. Brinson. BARTOW: Chester H. Murphy. BAY PINES: John W. Williams. BOYNTON: Nathaniel M. Weems. BRADENTON: Lowrie W. Blake, Paul K. Keller, Millard P. Quillian, Willett E. Wentzel. CENTURY: John K. Turberville. CHATTAHOOCHEE: Walter G. Miles, William D. Rogers. CHIPLEY: Bayllye W. Dalton. CLEARWATER: M. Eldridge Black, Percy H. Guinand, J. Sudler Hood, Lamar L. Knight, M. Crego Smith. COCOA: Thomas C. Kenaston, A. F. Thomas. CORAL GABLES: Jack Q. Cleveland, Warren W. Quillian, T. D. Sandberg, Arthur H. Weiland, Hillard W. Willis. CRESCENT CITY: James W. Davidson, Bernard E. Kane. CRYSTAL RIVER: William B. Moon.

DADE CITY: W. Wardlaw Jones. DAYTONA BEACH: John D. Browning, James R. Chandler, Cleland D. Cochrane, C. Robert DeArmas, Peter A. Drohomer, Lewis W. Glatzau, George M. Green, Eric H. Lenholt, Leon S. Lippincott, Alphonsus M. McCarthy, Robert L. Miller, James E. Rawlings, Joseph H. Rutter, Morris B. Seltzer, Vaughan A. Shaw, Ludo von Meysenbug, L. Roland Young. DeFUNIAK SPRINGS: Howard F. Currie. DeLAND: Charles E. Tribble. DELRAY BEACH: Graham W. King, Jr., James R. Nieder. DUNEDIN: Harold E. Winchester. EUSTIS: Rabun H. Williams.

FERNANDINA: Henry B. Dickens, Jr. FOLEY: Walter J. Baker. FORT LAUDERDALE: Claude Anderson, Robert Blessing, Milton N. Camp, Russell B. Carson, Burns A. Dobbins, Jr., Donald H. Gahagen, Elliott M. Hendricks, Garland M. Johnson, M. Austin Lovejoy, Thomas L. McKee, Richard A. Mills, Henry J. Peavy, Claus A. Peterson, Leigh F. Robinson, Paul G. Shell, Frederick P. Swing, Alva R. Taylor, S. Elliott Wilson, Scottie J. Wilson. FORT MYERS: Chester M. Askue, William H. Grace, H. Quillian Jones, Baker Whisnant. FORT PIERCE: Haynsworth D. Clark, Melton D. Council, Hugh B. Goodwin, Jr., Francis A. Gowdy, Adrian M. Sample.

GAINESVILLE: Edwin H. Andrews, F. Emory Bell, Raymond S. Camp, J. Maxey Dell, Jr., Albert G. Love, IV, James M. McClamroch, John E. Maines, Jr., Harry M. Merchant, Walter E. Murphree, George H. Putnam, Stuart D. Scott, DeWitt T. Smith, William C. Thomas, I. Irving Weintraub. GRACEVILLE: Redden L. Miller. GREEN COVE SPRINGS: Edwin H. Brown, Charles C. Gollinger. HAINES CITY: Emmett E. Martin. HAWTHORN: George M. Floyd. HAVANA: James W. Sapp. INVERNESS: William G. Mason.

JACKSONVILLE: Mark E. Adams, Horace M. Anderson, Archie J. Baker, Donald M. Baldwin, John A. Beals, Sullivan G. Bedell, John B. Black, J. Lunsford Boone, James L. Borland, F. Hardy Bowen, Charles W. Boyd, Lee E. Bransford, Jr., Oliver P. Broadbent, William H. Brooks, Alan Brown, John R. Browning, Archibald F. Caraway, Jr., Cornelia M. Carithers, Hugh A. Carithers, Claude L. Carter, Turner Z. Cason, Thomas B. Christian, Joseph Coudon, J. K. David, Jr., Samuel M. Day, Jr., Russell H. Dean, Simon E. Driskell, Lucien Y. Dyrenforth, Joseph Farrington, Thomas S. Field, W. Stewart Flanagin, Joel Fleet, Frank L. Fort, James V. Freeman, Julian E. Gammon, Banks H. Goodale, A. Judson Graves.

Karl B. Hanson, Albert V. Hardy, O. E. Harrell, Charles F. Henley, Graham E. Henson, Benj. F. Hodsdon, Floyd K. Hurt, Gordon H. Ira, Thomas M. Irwin, Edward Jelks, Nathaniel Jones, Raymond R. Killinger, F. Gordon King, Raymond H. King, W. Jerome Knauer, Frederick W. Krueger, Samuel R. Lamb, Daniel Leavitt, Elmer E. Leitner, Camillus S. L'Engle, Jr., Janet G. Leser, Louie Limbaugh, Thomas H. Lipscomb, John F. Lovejoy, James G. Lyerly, William H. McCullagh, Reuben L. McDaniel, Robert B. McIver, Charles B. Mabry, Wm. S. Manning, A. Mackenzie Manson, Paul H. Martin, Webster Merritt, John H. Mitchell, Marlin C. Moore, A. Sherrod Morrow, Nelson A. Murray.

Samuel R. Norris, Aaron Z. Oberdorfer, John C. O'Dell, Jr., Lorenzo L. Parks, Leo B. Provinsky, Ferdinand Richards, Shaler Richardson, Clarence D. Rollins, William E. Ross, F. H. Schnauss, E. Thomas Sellers, Clarence M. Sharp, Eugene D. Simmons, Frank G. Slaughter, Lauren M. Sompayrac, Roger F. Sondag, Wilson T. Sowder, John T. Stage, Walker Stamps, Irving J. Strumpf, Edwin C. Swift, Lockland V. Tyler, Frederick J. Waas, Leo M. Wachtel, Jr., Clayton D. Washburn, Edward C. Watt, Nathan Weil, Jr., Louis A. Wilensky, Ashbel C. Williams, J. Frank Wilson. JACKSONVILLE BEACH: Earl H. Roberts. KEY WEST: James B. Parramore.

LAKE CITY: Thomas H. Bates, James F. Pitman. LAKELAND: Jere W. Annis, James R. Boulware, Jr., Henry Fuller, Fred S. Gachet, Marion W. Hester, T. Hugh Roberts, James T. Shelden, Herman Watson, Stephen L. Watson, Jr. LAKE WALES: Joseph L. Kinzie. LAKE WORTH: Sidney Davidson, Alva L. Rowe, A. Scott Turk. LEESBURG: George E. Engelhard, H. Durham Young, Jr. LIVE OAK: C. LeRoy Adams, Jr., Irby H. Black. McINTOSH: James I. Strange. MADISON: Robert F. Sayre. MARIANNA: Daniel A. McKinnon, William R. Wandeck, Francis M. Watson. MELBOURNE: Theodore J. Kaminski. MELROSE: Harold F. Preston.

MIAMI: James L. Anderson, Ralph F. Allen, Hubert A. Barge, John E. Burch, Turner E. Cato, George D. Conger, Milton M. Coplan, Edward W. Cullipher, Carl E. Dunnaway, Frederick E. Farrer, George Ferre, Richard M. Fleming, Forrest H. Foreman, Thomas S. Gowin, W. Tracy Haverfield, Charles E. Hebard, Ralph W. Jack, Leslie M. Jenkins, Walter C. Jones, Alexander

Kushner, Carlos P. Lamar, Alfred G. Levin, George D. Lilly, A. Buist Litterer, Arthur J. Logie, Joseph H. Lucinian, Franklin McElheny, Wm. W. McKibben, Plumer J. Manson, Perry D. Melvin, Claude G. Mentzer, John D. Milton, C. Russell Morgan, Jr., E. Sterling Nichol, Russell K. Nuzum.

Benjamin G. Oren, Thomas O. Otto, Bascom H. Palmer, Frazier J. Payton, Colquitt Pearson, Homer L. Pearson, Jr., Nelson T. Pearson, Gerard Raap, Harold Rand, S. Marion Salley, Wiley M. Sams, Ralph S. Sappenfield, Milton S. Saslaw, Donald W. Smith, John W. Snyder, Robert T. Spicer, Franz H. Stewart, Jos. S. Stewart, Kelly C. Thomas, Herbert W. Virgin, Jr., Edward H. Williams, Frank M. Woods, Corren P. Youmans, MIAMI BEACH: Abraham R. Hollender, John V. McMackin, W. Duncan Owens, Robert J. Poppiti, Alexander E. Rosenberg, Maxwell M. Sayet, Sol Selevan, M. P. Travers, Harold D. Van Schaick, Arthur L. Walters NEW SMYRNA BEACH: William C. Chowning.

OCALA: William H. Anderson, Jr., Hugh H. Barfield, Henry L. Harrell, Eaton G. Lindner, Carl S. Lytle, John N. Moore, Eugene G. Peek, Jr., Harry F. Watt. ORLANDO: Clarence Bernstein, Courtlandt D. Berry, Thomas G. Bouland, Jr., Dorothy D. Brame, Charlotte E. Champion, J. Rocher Chappell, Joseph H. Chiles, Chas. J. Collins, Leland H. Dame, Horace A. Day, Elwyn Evans, L. Paul Foster, Edward T. Furey, Benjamin Glaser, Frank D.Gray, Joseph C. Hayward, Robert P. Henderson, David Y. Hicks, Jr., Edgar E. Hitchcock, Joseph L. Hundley, Hollis C. Ingram, Eugene L. Jewett, Hewitt Johnston, Allan Jones, William J. Kasboum, George R. Kerr, Solomon D. Klotz, Morton Levy, Newton C. McCollough, Duncan T. McEwan, John S. McEwan, Arthur McGugan, John D. McKey, Carl S. McLemore.

Fred Mathers, John P. Michaels, William S. Mitchell, Pleasant L. Moon, Jr., Louis M. Orr, II, John A. Pines, Frank J. Pyle, Don C. Robertson, Robert L. Stephens, W. Dean Steward, LeRoy M. Sutter, Byrne E. Taylor, Rollin D. Thompson, Robert L. Tolle, A. Fred Turner, Jr., K. K. Waering, Richard H. Walker, Jr., Walton B. Wall, Jr., Merrill Wattles, Wm. E. Westcott, Carolyn G. Williamson, Robert E. Zellner. OVIEDO: J. William Martin. PALMETTO: Alva J. Floyd. PALM BEACH: George M. Dawson, Joseph Feldman, S. Richard Ombres, William Y. Sayad, Bailey B. Sory, Jr. PANAMA CITY: William C. Roberts.

PATERSON, N. J.: Francis R. Myers.

PENSACOLA: Herbert L. Bryans, Arthur J. Butt, Jr., Gustav N. Click, Luther C. Fisher, Jr., William P. Hixon, Sidney G. Kennedy, Jr., Mozart A. Lischkoff, Jesse N. McLane, George W. Morse, Walter C. Payne, Nathan S. Rubin, Gretchen V. Squires, Raymond B. Squires, Frank E. Tugwell. POMPANO: George S. McClellan. QUINCY: Julius C. Davis. RIVERIA BEACH: Frank M. Hewson, Jr.

ST. AUGUSTINE: Reddin Britt, S. Raymond Cafaro, Eugene T. Foy, Charles C. Grace, Robert D. Harris, Jr., Vernon A. Lockwood, Edward S. Miller, G. Walter Potter, Donald T. Rankin, Joseph A. Shelley, J. J. Spencer, A. Clark Walkup, Walter D. Webb, Herbert E. White. ST. PETERSBURG: Arnold S. Anderson, Clyde O. Anderson, James A. Bradley, William M. Davis, Miriam M. Drane, Ira C. Evans, Chas. L. Farrington, Annette M. Feaster, Orion O. Feaster, William D. Futch, N. W. Gable, Abraham J. Gorday, James L. Gouaux, Dean W. Hart, Douglas W. Hood, Henry J. Jensen, Whitman C. McConnell, Whitman H. McConnell, Norval M. Marr, Alvin L. Mills, Daniel F. H. Murphey, Orville N. Nelson, R. Wynn S. Owen, Harrison G. Palmer, Edward V. Pollard, Richard Reeser, Jr., Franklin W. Roush, Jr., John P. Rowell, Councill C. Rudolph, Alvin J. Wood.

SANFORD: Orville L. Barks, Frank L. Quillman, Harry Z. Silsby. SARASOTA: John M. Butcher, Hugh G. Reaves, Reaves A. Wilson. SEBRING: Leldon M Martin, Howard V. Weems. STUART: Walter F. Davey. TALLAHASSEE: Edson J. Andrews, Merritt R. Clements, George H. Garmany, Francis T. Holland, Bricey M. Rhodes, Benjamin A. Wilkinson. TAMPA: Chadbourne A. Andrews, Chas. W. Bartlett, Heyward J. Blackmon, John R. Boling, Giulio C. Bottari, Harold O. Brown, J. Robert Campbell, Leland F. Carlton, C. Frank Chunn, Herschel G. Cole, George L. Cook, Edith M. Corlew, Lewis T. Corum, Frank J. Costa, Eugene F. Costantino, James T. Cowart, Joshua C. Dickinson, Jose A. Dominguez, R. Renfro Duke, Thomas M. Edwards, Oren A. Ellingson, James L. Estes.

J. Brown Farrior, Gaetano C. Ferrante, Sherman B. Forbes, Eugene S. Gilmer, Kenneth G. Gould, James C. Griffin, Jr., H. Phillip Hampton, John S. Helms, Jr., Linus W. Hewit, Samuel G. Hibbs, A. M. C. Jobson, Frank T. Linz, Herbert B. Lott, Blackburn W. Lowry, Eugene B. Maxwell, Joseph A. Minardi, David R. Murphey, Jr., Robert G. Nelson, Hugh E. Parson, Julien C. Pate, Sr., James N. Patterson, Joseph A. Pendino, William M. Rowlett, Clarence A. Rudisill, Joseph J. Ruskin, Edward F. Shaver, H. Mason Smith, Alvord L. Stone, Joseph W. Taylor, Wesley W. Wilson. TAVARES: Raymond J. Dalton. VENICE: Talmadge S. Thompson. VERO BEACH: Erasmus B. Hardee, James C. Robertson.

WEST PALM BEACH: James L. Carlisle, Victor Clarholm, Thomas E. Daly, C. Jennings Derrick, W. Wellington George, Charles McD. Harris, Jr., Lorenzo James, Jr., V. Marklin Johnson, R. Gaylord Lewis, David W. Martin, Kenneth E. Montgomery, Lloyd J. Netto, Cecil M. Peek, James H. Pittman, Saul D. Rotter, Lauchlin M. Rozier, Edgar W. Stephens, Jr., William H. Weems. WILLISTON: Carroll T. Bowen. WINTER GARDEN: Albert H. Gleason. WINTER HAVEN: Robert J. Jahn, Lee E. Parmley. WINTER PARK: George R. Crisler, Ruth S. Jewett.

VISITING DOCTORS

FERNANDINA: B. F. Dickens. FORT LAUDERDALE: M. Lewis Gray. GAINESVILLE: Jos. M. Bistowish. JACKSONVILLE: Fred H. Albee, Jr., Isee L. Connell, E. B. Dunlap, Jr., Ray O. Edwards, Jr., Grace C. Hardy, A. T. Kennedy, Robert B. Ragland, Cyril I. Sease, Jr., Lowell S. Selling, Richard G. Skinner, Jr. LAKE CITY: W. T. Steele, A. Ubelauht. LIVE OAK: E. H. John. MELBOURNE: John A. Barger, J. F. Henry. MIAMI: J. T. Smedley. MIAMI BEACH: Leonard L. Weil. PALM BEACH: Frank W. Nickel. PENSACOLA: P. K. Hamilton, T. W. Reed. ST. AUGUSTINE: Eugene B. Elder, William H. Houston. ST. PETERSBURG: R. O. Hawthorne. STARKE: A. Y. Covington. TAMPA: Walter H. Bailey, Howard D. Hardee, Thomas J. Ready.

ALABAMA—ANNISTON: Thomas F. Huey, Jr. DELAWARE—WILMINGTON: A. R. Shands, Jr. DISTRICT OF COLUMBIA—WASHINGTON: Joseph J. McCarthy, Jr. GEORGIA—ATLANTA: Walter C. Earle. CARROLLTON: R. L. Denney. LOUISIANA—NEW ORLEANS: Ralph V. Platou. MINNESOTA—ST. PAUL: R. O. Leavenworth. NEBRASKA—OMAHA: A. David Cloyd. NEW YORK—NEW YORK CITY: Samuel Fomon, Harry E. Handley. NORTH CAROLINA—DURHAM: Lewis M. McKee. STATESVILLE: Walter R. Newbern. THOMASVILLE: R. K. Farrington. OHIO—CLEVELAND: Russell L. Haden, John A. Toomey. OBERLIN: R. W. Bradshaw. TENNESSEE—NASHVILLE: George K. Carpenter, Melvin M. Simmons. WISCONSIN: Malcolm P. Andrews.

OTHER GUESTS

JACKSONVILLE: Joseph E. Brewster. W. O. Dalton. M. H. Doss, Ernest R. Gibson. H. A. Schroder.



Joseph Spencer Stewart, M.D., President

Dr. Joseph Spencer Stewart was born in Marietta, Ga., in 1895. He received his academic training at the University of Georgia in Athens and his medical degree from the University of Georgia School of Medicine in Augusta, where he also served an internship.

Entering military service immediately thereafter, he was a member of the United States Army, American Expeditionary Forces in France. After discharge from the Army while in Europe, he spent two years in hospital work in the Near East before returning to his native state in 1921. During World War II he again served his country in the armed forces, entering with the rank of major and concluding three and one-half years of service with the rank of colonel. For eighteen months of this period he was stationed in Europe as Division Surgeon for the Air Transport Command.

Dr. Stewart was associated with Dr. Henry Fullilove at St. Mary's Hospital in Athens, Ga., for five years following his return from Europe in 1921. In January 1926 he opened an office in Miami, where he has since practiced except during the recent period of military duty.

Dr. Stewart married Miss Marion Hodgson of Athens, Ga. They have one son, Joseph, Jr., and one daughter, Florence Coker.

A past president of the Dade County Medical Association and of the Florida East Coast Medical Society, Dr. Stewart has for some time been a member of the Executive Committee of the Florida Medical Association. He is Attending Surgeon at Jackson Memorial Hospital in Miami and is in charge of one of the four surgical services there. At present Dr. Stewart is secretary of the Surgical Section of the Southern Medical Association. He is a fellow of the American College of Surgeons, the Southeastern Surgical Congress and the American Medical Association.

FLORIDA MEDICAL ASSOCIATION

OFFICERS AND COMMITTEES

OFFICERS

JOSEPH S. STEWART, M.D., President.....*Miami*
WALTER C. PAYNE, M.D., President-elect.....*Pensacola*
HERBERT E. WHITE, M.D., 1st Vice Pres. ..*St. Augustine*
HORACE A. DAY, M.D., 2nd Vice Pres.....*Orlando*
REDDIN BRITT, M.D., 3rd Vice Pres.....*St. Augustine*
ROBERT B. MCIVER, M.D., Sec'y-Treas.....*Jacksonville*
SHALER RICHARDSON, M.D., Editor.....*Jacksonville*

MANAGING DIRECTOR

STEWART G. THOMPSON, D.P.H.....*Jacksonville*

BOARD OF GOVERNORS

DUNCAN T. MCEWAN, M.D., Chm...B-49.....*Orlando*
CHAS. L. FARRINGTON, M.D...AL-49.....*St. Petersburg*
THOMAS H. BATES, M.D...A-50.....*Lake City*
DAVID R. MURPHEY, JR., M.D...C-51.....*Tampa*
ROBERT T. SPICER, M.D...D-52.....*Miami*
SHALER RICHARDSON, M.D...PP-49.....*Jacksonville*
WILLIAM C. THOMAS, M.D...PP-50.....*Gainesville*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
WALTER C. PAYNE, M.D. (Ex Officio).....*Pensacola*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*
HERBERT L. BRYANS, M.D...S.B.H.-49.....*Pensacola*
STEWART G. THOMPSON, D.P.H. (Advisory)...*Jacksonville*

SCIENTIFIC WORK

CHAS. J. COLLINS, M.D., Chm...AL-49.....*Orlando*
DANIEL A. MCKINNON, M.D...A-49.....*Marianna*
FREDERICK K. HERPEL, M.D...D-50.....*West Palm Beach*
JERE W. ANNIS, M.D...C-51.....*Lakeland*
JAMES L. BORLAND, M.D...B-52.....*Jacksonville*

LEGISLATION AND PUBLIC POLICY

W. DUNCAN OWENS, M.D., Chm...D-52.....*Miami Beach*
PAUL J. COUGHLIN, M.D...AL-49.....*Tallahassee*
THOMAS H. BATES, M.D...A-49.....*Lake City*
HAROLD D. VAN SCHAICK, M.D...B-50.....*Miami Beach*
ORION O. FEASTER, M.D...C-51.....*St. Petersburg*
JOSEPH S. STEWART, M.D. (Ex Officio).....*Miami*
ROBERT B. MCIVER, M.D. (Ex Officio).....*Jacksonville*

MEDICAL EDUCATION AND HOSPITALS

THOMAS C. KENASTON, M.D., Chm...B-52.....*Cocoa*
FREDERICK W. KRUEGER, M.D...AL-49.....*Jacksonville*
JOHN K. TURBERVILLE, M.D...A-49.....*Century*
BASCOM H. PALMER, M.D...D-50.....*Miami*
ALVORD L. STONE, M.D...C-51.....*Tampa*

PUBLIC RELATIONS

FRANK G. SLAUGHTER, M.D., Chm...AL-49...*Jacksonville*
LEIGH F. ROBINSON, M.D...D-49.....*Ft. Lauderdale*
ALVIN L. MILLS, M.D...C-50.....*St. Petersburg*
EDWIN H. ANDREWS, M.D...B-51.....*Gainesville*
FRANCIS T. HOLLAND, M.D...A-52.....*Tallahassee*

NECROLOGY

REDDIN BRITT, M.D., Chm...B-51.....*St. Augustine*
JOSEPH J. RUSKIN, M.D...AL-49.....*Tampa*
THOMAS W. TAYLOR, M.D...C-49.....*Sarasota*
THOMAS O. OTTO, M.D...D-50.....*Miami*
CHARLES H. DAFFIN, M.D...A-52.....*Panama City*

MEDICAL POSTGRADUATE COURSE

TURNER Z. CASON, M.D., Chm...B-51.....*Jacksonville*
JACK Q. CLEVELAND, M.D...AL-49.....*Coral Gables*
E. STERLING NICHOL, M.D...D-49.....*Miami*
GEORGE L. COOK, M.D...C-50.....*Tampa*
WILLIAM C. ROBERTS, M.D...A-52.....*Panama City*

CANCER CONTROL

ALFRED G. LEVIN, M.D., Chm...AL-49.....*Miami*
CHAS. J. COLLINS, M.D...B-49.....*Orlando*
LLOYD J. NETTO, M.D...D-50.....*West Palm Beach*
GEORGE W. MORSE, M.D...A-51.....*Pensacola*
HAROLD O. BROWN, M.D...C-52.....*Tampa*

MEDICAL ECONOMICS

JOHN D. MILTON, M.D., Chm...AL-49.....*Miami*
JOSEPH H. RUTTER, M.D...B-49.....*Daytona Beach*
HARRISON A. WALKER, M.D...D-50.....*Miami*
HAROLD O. BROWN, M.D...C-51.....*Tampa*
MERRITT R. CLEMENTS, M.D...A-52.....*Tallahassee*

VENEREAL DISEASE CONTROL

JACK A. MCKENZIE, M.D., Chm...AL-49.....*Miami*
J. POWELL ADAMS, M.D...A-49.....*Panama City*
WILEY M. SAMS, M.D...D-50.....*Miami*
JAMES L. ESTES, M.D...C-51.....*Tampa*
FRANK J. PYLE, M.D...B-52.....*Orlando*

INTERRELATIONSHIP

HENRY J. PEAVY, M.D., Chm...D-50.....*Ft. Lauderdale*
REAVES A. WILSON, M.D...AL-49.....*Sarasota*
SIMON E. DRISKELL, M.D...B-49.....*Jacksonville*
LAMAR L. LANCASTER, M.D...C-51.....*Bartow*
J. POWELL ADAMS, M.D...A-52.....*Panama City*

TUBERCULOSIS AND PUBLIC HEALTH

ALVIN L. STEBBINS, M.D., Chm...A-52.....*Pensacola*
ROBERT F. MIKELL, M.D...AL-49.....*Miami*
LOUIE LIMBAUGH, M.D...B-49.....*Jacksonville*
SCHEFFEL H. WRIGHT, M.D...D-50.....*Miami*
FRANK V. CHAPPELL, M.D...C-51.....*Tampa*

STATE CONTROLLED MEDICAL INSTITUTIONS

LLOYD J. NETTO, M.D., Chm...D-49.....*West Palm Beach*
EDWARD H. WILLIAMS, M.D...AL-49.....*Miami*
MEREDITH MALLORY, M.D...B-50.....*Orlando*
EDGAR WATSON, M.D...C-51.....*Lakeland*
WILLIAM D. ROGERS, M.D...A-52.....*Chattahoochee*

MATERNAL WELFARE

HAROLD G. NIX, M.D., Chm...AL-49.....*Tampa*
S. CARNES HARVARD, M.D...C-49.....*Brooksville*
BENJAMIN A. WILKINSON, M.D...A-50.....*Tallahassee*
RICHARD F. STOVER, M.D...D-51.....*Miami*
E. FRANK MCCALL, M.D...B-52.....*Jacksonville*

CHILD HEALTH

WARREN W. QUILLIAN, M.D., Chm...D-50....*Coral Gables*
GUNNARD J. ANTELL, M.D...AL-49.....*Coral Gables*
LUTHER W. HOLLOWAY, M.D...B-49.....*Jacksonville*
MANUEL A. PEREZ, M.D...C-51.....*Tampa*
EGBERT V. ANDERSON, M.D...A-52.....*Pensacola*

CONSERVATION OF VISION

NATHAN S. RUBIN, M.D., Chm...A-52.....*Pensacola*
ORVILLE N. NELSON, M.D...AL-49.....*St. Petersburg*
CARL E. DUNAWAY, M.D...D-49.....*Miami*
JOSEPH W. TAYLOR, M.D...C-50.....*Tampa*
CHARLES W. BOYD, M.D...B-51.....*Jacksonville*

ADVISORY TO WOMAN'S AUXILIARY

J. LLOYD MASSEY, M.D., Chm...A-52.....*Quincy*
WHITMAN H. MCCONNELL, M.D...AL-49...*St. Petersburg*
ANNETTE M. FEASTER, M.D...C-49.....*St. Petersburg*
EDGAR W. STEPHENS, JR., M.D...D-50...*West Palm Beach*
CHARLES E. TRIBBLE, M.D...B-51.....*DeLand*

REPRESENTATIVES TO INDUSTRIAL COUNCIL

JULIUS C. DAVIS, M.D., Chm...A-52.....*Quincy*
L. WASHINGTON DOWLEN, M.D...AL-49.....*Miami*
FRANK L. FORT, M.D...B-49.....*Jacksonville*
R. RENFRO DUKE, M.D...C-50.....*Tampa*
EDWARD W. CULLIPHER, M.D...D-51.....*Miami*

COUNCILOR DISTRICTS AND COUNCIL

HERMAN WATSON, M.D., Chm...AL-49.....*Lakeland*
First—WILLIAM P. HIXON, M.D...1-50.....*Pensacola*
Second—IRBY H. BLACK, M.D...2-49.....*Live Oak*
Third—CHARLES C. GRACE, M.D...3-50....*St. Augustine*
Fourth—RABUN H. WILLIAMS, M.D...4-49.....*Eustis*
Fifth—JOHN M. BUTCHER, M.D...5-49.....*Sarasota*
Sixth—H. QUILLIAN JONES, M.D...6-50.....*Ft. Myers*
Seventh—ERASMUS B. HARDEE, M.D...7-50....*Vero Beach*
Eighth—RUSSELL B. CARSON, M.D...8-49..*Ft. Lauderdale*

A. M. A. HOUSE OF DELEGATES

HOMER L. PEARSON, JR., M.D., Delegate.....*Miami*
WILLIAM M. DAVIS, M.D., Alternate.....*St. Petersburg*
(Terms expire Dec. 31, 1948)
LOUIS M. ORR, II, M.D., Delegate.....*Orlando*
WILLIAM Y. SAYAD, M.D., Alternate....*West Palm Beach*
(Terms expire Dec. 31, 1949)

The Journal of The Florida Medical Association

Owned and published by Florida Medical Association, Inc.
P. O. Box 1018 (Fla. Theater Bldg.)
Jacksonville 1, Florida

EDITOR
Shaler Richardson, M.D.....*Jacksonville*

ASSISTANT EDITOR
Webster Merritt, M.D.....*Jacksonville*

MANAGING EDITOR
Stewart G. Thompson, D.P.H.....*Jacksonville*

ASSOCIATE EDITORS
George L. Cook, M.D.....*Tampa*
J. Maxey Dell, Jr., M.D.....*Gainesville*
Frank D. Gray, M.D.....*Orlando*
Homer L. Pearson, M.D.....*Miami*
James H. Pound, M.D.....*Tallahassee*
Wilson T. Sowder, M.D.....*Jacksonville*

COMMITTEE ON PUBLICATION
Shaler Richardson, M.D., Chairman.....*Jacksonville*
Arthur L. Walters, M.D.....*Miami Beach*
Herman Watson, M.D.....*Lakeland*

ABSTRACT DEPARTMENT
Kenneth A. Morris, M.D., Chairman.....*Jacksonville*
Orion O. Feaster, M.D.....*St. Petersburg*
Robert T. Spicer, M.D.....*Miami*

Board of Past Presidents

Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John C. Vinson, M.D., 1924.....*Tampa*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., Chm., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Walter C. Jones, M.D., 1941.....*Miami*
Eugene G. Peek, M.D., 1943.....*Ocala*
John R. Boling, M.D., 1944, 1945.....*Tampa*
Shaler Richardson, M.D., Sec'y., 1946.....*Jacksonville*
William C. Thomas, M.D., 1947.....*Gainesville*

ANNUAL CONVENTION HELD IN ST. AUGUSTINE

The Seventy-fourth Annual Meeting of the Florida Medical Association, held in St. Augustine on April 12, 13 and 14, was the Association's event of the year. The total registration was 938, of which 534 were members of the Association, 49 were visiting physicians, 5 were other guests, 265 were members and guests of the Woman's Auxiliary, and 85 were representatives of the exhibiting firms. The registration at this annual convention was surpassed, in the history of the Association, only one time. Last year in Miami the total registration was 1,145. The next largest registration was in Jacksonville in 1946 with a total of 886.

The St. Johns County Medical Society and the wives of local doctors were untiring in their efforts to do everything possible for the comfort and pleasure of the members and guests.

Three general sessions, three meetings of the House of Delegates and three scientific assemblies were held, in accordance with the program printed in detail in the March Journal. Florida's specialty societies met during Sunday with splendid programs of particular interest and were well-attended.

Foremost among the social events were the smoker at the St. Augustine Golf Links and the Association's dinner at the Ponce de Leon Hotel. The old-fashioned barbecue, prepared under the supervision of Dr. Herbert E. White, will long be a happy memory for those who were fortunate enough to be in attendance. The Association's dinner was arranged by Drs. Robert B. McIver, W. C. Thomas and Joseph S. Stewart. Toastmaster was Dr. Vernon A. Lockwood.

At the breakfast for the Board of Past Presidents on Tuesday morning, Dr. H. Mason Smith of Tampa was elected chairman and Dr. Shaler Richardson of Jacksonville, secretary.

The annual meeting in 1949 is scheduled for Belleair, Florida, with the Belleview-Biltmore Hotel as headquarters.

The complete text of recommendations by the reference committees and actions taken by the House of Delegates may be found in the preceding pages of this Journal.

GRADUATE MEDICAL EDUCATION IN FLORIDA

The first vision of graduate medical education in Florida was not realized in 1931 because of the high cost and impracticability of a winter seminar. Soon thereafter, however, the president of the Florida Medical Association, Dr. Gerry R. Holden, appointed a committee on Medical Postgraduate Course with Dr. T. Z. Cason as chairman, whose primary mission was to establish a one week short course for the general practitioner.

In 1933, under the auspices of the Extension Division of the University of Florida in cooperation with the Florida Medical Association, the first short course was held in Gainesville. Since that time this project has been an outstanding success.

After three years in Gainesville, two in Orlando and two in Daytona Beach, Jacksonville became headquarters for the course. It has remained so permanently since 1940 because of the advantage which air-conditioned hotels present during Florida's June weather.

For the last five years the course has been sponsored by the Department of Medicine of the Graduate School of the University of Florida in cooperation with the Florida Medical Association and the State Board of Health. The policy of admitting Negroes under the auspices of the Florida Agricultural and Mechanical College has been a successful and highly important step forward.

It would be difficult to estimate properly the overall importance of the short course in the development of medicine in Florida. Outstanding medical teachers from all parts of the United States have been brought to the very doorstep of the Florida practitioner, and their presentations for the most part have been not only practical but unusually stimulating. Each year, physicians over the state have taken home useful, workable knowledge and a feeling of enthusiasm and exhilaration, both of which are so important to the practice of better medicine.

Attendance at the short course in the past, which has varied between 76 and 160, is good but surprisingly low when one considers the caliber of the instruction and the need which the average physician has for refresher courses. Patients are rightfully coming to expect a better quality of medical practice from their physicians, and it well behooves the practitioner to keep himself up to date.

The outstanding program in prospect for June 1948, outlined elsewhere in this Journal, includes not only courses of a general nature but two more specialized courses, one in gastro-enterology and the other in parasitology. It is believed that more than 200 this year will mark their calendars, attend the course and thereby render an important service to their patients and to themselves.

THE PHYSICIST AND THE PHYSICIAN NEW VOCABULARY—NEW SCHOOL

One reads with no surprise this glib comment in the daily press: "The making of mesons in a cyclotron portends something mightier than the old-fashioned atom. Plainly we are on our way, again, and it will be exciting to see where." It will, indeed—not from the military standpoint alone, but industrially, too, and especially medically. The creation of mesons artificially in the giant Berkeley cyclotron is regarded as the most significant event in fundamental nuclear studies since the discovery of uranium fission. In the realm of science, the recent contributions of the physicist are staggering in their potentialities.

There is to be a large display on the medical aspects of atomic energy as an outstanding feature of the Scientific Exhibit at the annual session of the American Medical Association in Chicago late this month. It should have wide appeal.

The terminology in the literature now accumulating on radiation therapy and investigation with radioactive isotopes indicates that the physician must acquire a new vocabulary. He must become acquainted with many new concepts and with such terms as half life, isotopes, isobars, deuteron bombardment, alpha and beta particles, gamma radiation and expressions of nuclear formulas, which are, for the most part, new in general medicine.

Man-made isotopes, by-products of the manufacture of the atomic bomb, provide a tool of unprecedented versatility. They give promise of producing epochal medical advances. It would appear, however, that so far the greatest benefit to medicine from their present use will be the means they provide for more fundamental study of basic physiologic and biologic processes of the animal and human organism.

The need for a new first line of defense against atomic radiation injury in peace or war has led to the creation of the first atomic medical

school. This new kind of school will be a sort of civilian West Point, turning out "radiation fighters," experts to protect us from peacetime developments in atomic energy all along the line, from miners digging uranium-bearing ore to people living in the neighborhood of future atomic power plants, from employees in factories putting atomic chemicals to new uses to sick persons being treated with these chemicals.

This school will train scientists to get the needed information on the effects of radiation on all forms of life. Courses in health physics will be taught. Already the pursuit of this new science has led to the development of some thirty specialized instruments to protect workers from the deadly rays of fissionable material. Since gases, dusts and aerosols may carry radioactivity in the air, how they spread must be studied. Chemistry, toxicology and legal medicine will also be taught. Both the treatment of radiation injury and methods of using the new radioactive chemicals in the treatment of other diseases, such as cancer, will be included in the medical courses.

This school, soon to get under way, is a part of the University of Rochester and is supported by the Atomic Energy Commission. It will accept approximately one hundred students at a time. About thirty will take short courses in health physics and protection technics, including dust counts and other radiation measurements and blood chemistry; a like number will be college or university graduates studying for the Doctor of Philosophy degree. The remaining forty will be students holding either the Doctor of Medicine or the Doctor of Philosophy degree, and West Point graduates. Civilian physicians will probably take a two year course.

Increased programs of atomic energy research have been endorsed by the House Appropriations Committee, which has recommended the addition of $150,000,000 to contract authority for the Atomic Energy Commission, making a total of $659,091,863 now included in the commission's new contract authority. The House committee urged the commission to "move forward with all possible speed in its research program, both in the wartime and peacetime uses of the newly discovered secrets."

LIVING POSSIBILITIES OF A GOLDEN AGE WORLD COOPERATION IN MEDICINE

This is no time to prate of Utopia. Or is it? Certainly a world truly at peace, in which men the globe around are assured of their rights as individuals and are free to follow the pursuit of happiness, would constitute a near approach to that visionary state in the thinking of many. Said the late John G. Winant in his recently published book: "If in the morn of the atomic age, we persist in once more hog-tying the diversity of talent and natural resources that can be contributed by all nations, we will assuredly plunge ourselves into mutual destruction and turn our backs on the living possibilities of a Golden Age." When we, individually and collectively, desire peace with its manifold benefits enough to think peace, not war, to talk peace, not war, and to strive to attain peace by every conceivable legitimate means, we shall struggle through to achieve that which will be a peace both in name and in fact. Such a peace will release the diversity of international talent and natural resources for the benefit of all.

That achievement, of which the world stands desperately in need, stems from the people, the individual in the street, the world over. It should not be left to the diplomat playing the tricky game of power politics. The individual citizen should lose no time today, not in crying peace when there is no peace, but in upholding the ideal of peace in his thinking and in demanding it loudly enough in his doing and saying to shout down warmongers and pessimists.

Who more than the physician is in a strategic position to forge a mighty link in the chain of events that should bring this present sorry world, not to the brink of war, but to the vestibule at least of that Golden Age which man has dreamed of through the centuries? In his recent president's address to the Florida Medical Association Dr. W. C. Thomas said: ". . . the medical men still constitute the most powerful group in America today. We control the welfare of the nation. We are the only group in the world which is doing its utmost to work itself out of a job. We can mold public opinion as well as legislative action. The question is: Will we allow inertia to anesthetize us into a state of inactivity?" Now is the time to make the most of our peculiarly

commanding position and rise to the challenge of this crucial hour that echoes around the world.

As peace transcends racial and national boundaries, so does medicine. What more potent instrument of peace than world cooperation in matters of health? Globally, men of medicine have a talent to contribute that needs no hogtying. Problems of health are universal, and health services are readily personalized. As international bonds are strengthened in the field of medicine through such organizations as the World Health Organization and the World Medical Association, a better understanding will be brought about among people of the various nations of the world. Leaders in the medical realm now communicate with one another across national boundaries to bring to their own people the benefits of research and investigations in the fields of medical science which will improve the health of the various populations. They should brook no unwarranted interference from government.

With the first meeting of the World Health Organization called in Geneva, Switzerland, this month, American leaders in the field of health have been embarrassed by the recent action of the Rules Committee of the House of Representatives in tabling by a 5 to 2 vote a bill to ratify the constitution of the World Health Organization and make the United States a member of that body. Failure of the Rules Committee to recommend positive action is a serious matter demanding satisfactory explanation to the American agencies interested in public health which have strongly supported participation by our government in the World Health Organization. No explanation was forthcoming at the time this action was taken, but Republican leaders who would not permit the use of their names said they opposed the bill because they considered it the opening wedge in an effort to have the United States pay medical bills of the entire world. Newsmen quoted one Republican leader as saying: "The bill is dead and it is going to stay dead. The word to that effect has gone out and it will stick."[1] The Soviet Union joined recently, and only France and the United States are lacking of the twenty-six members of the United Nations needed to bring the constitution of the World Health Organization into effect.

Organized medicine in this country has thus far participated in the development of the World Health Organization and has also led in the organization of the World Medical Association. It would seem that there is every reason why these two organizations could cooperate for the advancement of world health, and thereby serve as an instrument of world peace. In stressing the importance to this country of joining the World Health Organization, Dr. Edward L. Bortz, president of the American Medical Association, declared that when this country does join, the United States and not the Soviet Union will become the dominant member. He added: "I doubt very much whether the World Health Organization could succeed without the United States. The world needs our knowledge of nutrition, preventive medicine and sanitation, and we need the research results of scientists in other nations. Medical science knows no boundaries."[1]

Members of the medical profession can do no less than be vitally interested in the broader problems of national security and international stability. They have a unique opportunity to demonstrate in their "One World" concept of health a dynamic aid to peace and prosperity based on a firm foundation, one that might well be emulated in handling other world problems. Surely there could be no more important preventive medicine for a politically sick world. However remote the halcyon days of the dreamed of Golden Age, men of medicine have a golden opportunity, politics and government notwithstanding, to tip the scales of history in its favor.

1. Entry into World Health Organization Delayed, J. A. M. A. 136:988 (April 10) 1948.

COUNTY MEDICAL SOCIETY OFFICERS PARLEY

The Third National Conference of County Medical Society Officers will convene at the Palmer House in Chicago on Sunday afternoon, June 20, 1948, the day before the annual session of the American Medical Association opens. The program consists of three panel discussions dealing with the role of the county medical society in medical organization, its responsibility to the membership and its responsibility to the public. Each will be followed by an open question and answer period.

When this Grass Roots Conference was organized in 1947, each state association was asked to name a representative. Dr. W. C. McConnell of St. Petersburg was made chairman for Florida.

INTERNATIONAL POLIOMYELITIS CONFERENCE

Of worldwide significance is the First International Poliomyelitis Conference. to be held at the Waldorf-Astoria Hotel in New York City, July 12 to 17, 1948. In sponsoring this meeting, the National Foundation for Infantile Paralysis has the cooperation of the leading scientific societies and government agencies of this country, all of which have endorsed the program. Through the State Department, invitations have been extended to more than sixty nations with highly gratifying response, and, in addition, some twenty medical and scientific authorities from abroad will participate in the program.

Ten world medical and research authorities on poliomyelitis will preside over the plenary sessions, and each will be assisted by a panel composed of international authorities who have done especial work on particular phases of the problem. The opening session preceding the plenary sessions will be presided over by Dr. Irvin Abell, clinical professor emeritus of surgery at the University of Louisville. Delegates will be welcomed by Basil O'Connor, president of the National Foundation, and foreign delegates will be introduced by Dr. Morris Fishbein, editor of The Journal of the American Medical Association.

Member delegates will include physicians and other scientific and professional persons qualified by recognized standards. The second of the three groups of delegates will comprise official government delegates, and the third institutional delegates representing invited universities, societies and scientific and philanthropic organizations interested in research and treatment of virus diseases.

The subjects for the sessions were chosen to give the most complete discussions possible on research on the disease and methods of treatment approved by recognized medical standards. Summaries of polio problems in other countries will be presented by official delegates representing their governments.

The problem of poliomyelitis has become so serious in the opinion of many in this country and abroad that it must be considered on an international basis with complete pooling now and in the future of all information available. This conference will undoubtedly fulfil its purpose of serving as a valuable means of expediting distribution of vital knowledge on a worldwide basis.

SOUTHERN PEDIATRIC SEMINAR

The Southern Pediatric Seminar will hold its twenty-eighth annual session at Saluda, N. C., July 5-17, 1948. This postgraduate summer course in methods of diagnosis and prevention and treatment of diseases of children is designed primarily to fit the needs of the general practitioner. The practical solution of ordinary daily problems in the most modern and satisfactory way is therefore stressed. This institution is run on a nonprofit basis and has through the years been a valuable aid in improving the pediatric work of the general practitioner.

The faculty consists of outstanding pediatricians of the South, who, with the guest lecturers, serve without compensation and come at their own expense to perpetuate this teaching center in the heart of the Blue Ridge mountains, where the most advanced information in this important branch of medicine is presented. Most universities of the South have a representative on the faculty. Among the thirty faculty members are two Florida pediatricians, Dr. Warren W. Quillian of Coral Gables and Dr. Luther W. Holloway of Jacksonville.

In view of the death of the founder and guiding spirit, Dr. D. L. Smith, Sr., whose chief interest lay in the progress of the Seminar, a formal organization with the appointment of a Board of Trustees has been effected in order to assure perpetuation on a high level of this worthy project promoting postgraduate education in pediatrics for general practitioners. The institution will operate this year for the first time under the new organization. For further information and registration. address M. A. Owings, Secretary-Treasurer, Saluda, N. C.

PROGRAM OF GRADUATE SHORT COURSE JUNE 28—JULY 3, 1948

The Sixteenth Annual Graduate Short Course, which has been arranged by the Department of Medicine of the Graduate School of the University of Florida in cooperation with the Florida Medical Association and the Florida State Board of Health, will be given this year from June 28 through July 3. The meetings will be held at the George Washington Hotel in Jacksonville. The lectures are designed for all physicians of Florida as well as surrounding states, medical officers, hospital residents, interns and postgraduate students.

Lectures in Surgery will be given by Dr. Keith S. Grimson, Associate Professor of Surgery, Duke University School of Medicine, and will include discussion of the following: treatment of peptic ulcer with special reference to vagotomy, surgical treatment of hypertension, intestinal obstruction and peripheral vascular disease.

In Gynecology, the lectures will be presented by Dr. W. Nicholson Jones, Professor of Gynecology, The Medical College of Alabama, a Division of the University of Alabama. The topics to be covered are as follows: hysterectomy—indications, contraindications and complications, carcinoma of the uterus, endometriosis, common endocrine problems and uterine bleeding.

Obstetrics will be discussed by Dr. W. L. Thomas, Associate Professor of Obstetrics and Gynecology, Duke University School of Medicine, as follows: hypertensive heart disease in pregnancy, malignant complications of pregnancy, premature separation of the placenta, puerperal infection, operative deliveries and adequate obstetric care.

Lectures in Plastic Surgery will be given by Dr. Neal Owens, Professor of Clinical Surgery, The Tulane University of Louisiana School of Medicine, who will discuss management of some of the more common skin disorders, management of burns and congenital defects.

Medicine will be presented by Dr. Thomas M. Durant, Professor of Clinical Medicine, Temple University School of Medicine. The subjects to be included are: edema: etiology and management, the thrombo-embolism problem, management of coronary disease, renal insufficiency, acute and chronic, diseases of the adrenal gland and important medical bone diseases.

Pediatrics will be discussed by Dr. James G. Hughes, Associate Professor of Pediatrics, University of Tennessee College of Medicine. His topics are: the treatment of acute nephritis in childhood, the approach to primary pulmonary tuberculosis in children, the diagnosis and management of congenital syphilis, jet injections in pediatric practice, the diagnosis of operable congenital heart deformities and the diagnosis and management of acute laryngotracheobronchitis.

Lectures in Therapeutics will be given by Dr. Nathan DeVaughn, University of Georgia School of Medicine. The subjects to be presented are: treatment of uncomplicated diabetes mellitus, medical care of the atherosclerotic ischemic extremity, surgical treatment of essential hypertension and the uses and value of rutin.

Two special courses will be run concurrently with the Short Course, one in Parasitology and the other in Gastro-Enterology. Beginning on Monday, June 28 continuing through Tuesday, June 29 lectures in Parasitology will be given by Dr. Ernest Carroll Faust, Head of the Division of Parasitology, The Tulane University of Louisiana School of Medicine. Arrangements have been made to enrol registered laboratory technicans in addition to physicians. Beginning on Wednesday, June 30 and continuing through Friday, July 2 lectures in Gastro-Enterology will be given by Dr. Walter L. Palmer, Professor of Medicine, University of Chicago, The School of Medicine. Dr. Palmer's course will be divided into four sections: diseases of the esophagus: cardiospasm, benign stricture, neoplasm and varices; diseases of the stomach: peptic ulcer and carcinoma; diseases of the liver, gallbladder, pancreas and biliary tract: anatomy and physiology of the liver, liver function tests, differential diagnosis of jaundice, hepatitis and cirrhosis, carcinoma of the pancreas and pancreatitis; diseases of the colon: irritable colon, acute enteritis, bacillary dysentery, amebiasis, liver abscess, amebic dysentery, regional enteritis, ulcerative colitis and carcinoma of the colon.

Tuition for physicians for the Short Course is $10.00.

Tuition for physicians for one or both of the special courses is $25.00.

Tuition for registered laboratory technicians for the course in Parasitology is $10.00.

Registration will be at 8 a.m., on Monday, June 28, 1948.

Any inquiries may be addressed to the Short Course Committee, 2033 Riverside Avenue, Jacksonville.

SCHEDULE OF THE SHORT COURSE

HOUR	MONDAY June 28	TUESDAY June 29	WEDNESDAY June 30	THURSDAY July 1	FRIDAY July 2	SATURDAY July 3
8:00	REGISTRATION					
9:00	THERAPEUTICS Treatment of Uncomplicated Diabetes Mellitus DR. DeVAUGHN	PEDIATRICS Diagnosis and Management of Congenital Syphilis DR. HUGHES	PEDIATRICS Diagnosis of Operable Congenital Heart Deformities DR. HUGHES	OBSTETRICS Premature Separation of the Placenta DR. THOMAS	GYNECOLOGY Endometriosis DR. JONES	GYNECOLOGY Common Endocrine Problems DR. JONES
10:00	PEDIATRICS Treatment of Acute Nephritis in Childhood DR. HUGHES	THERAPEUTICS Surgical Treatment of Essential Hypertension DR. DeVAUGHN	OBSTETRICS Hypertensive Heart Disease in Pregnancy DR. THOMAS	GYNECOLOGY Hysterectomy - Indications, Contraindications and Complications DR. JONES	OBSTETRICS Operative Deliveries DR. THOMAS	PLASTIC SURGERY Management of Burns DR. OWENS
11:00	RECESS	RECESS	RECESS	RECESS	RECESS	RECESS
11:30	MEDICINE Edema: Etiology and Management DR. DURANT	MEDICINE Management of Coronary Disease DR. DURANT	MEDICINE Diseases of the Adrenal Gland DR. DURANT	SURGERY Treatment of Peptic Ulcer with Special Reference to Vagotomy DR. GRIMSON	SURGERY Intestinal Obstruction DR. GRIMSON	GYNECOLOGY Uterine Bleeding DR. JONES
12:30	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	
2:00	PEDIATRICS Approach to Primary Pulmonary Tuberculosis in Children DR. HUGHES	PEDIATRICS Jet Injections in Pediatric Practice DR. HUGHES	PEDIATRICS Diagnosis and Management of Acute Laryngotracheo-bronchitis DR. HUGHES	OBSTETRICS Puerperal Infection DR. THOMAS	OBSTETRICS Adequate Obstetric Care DR. THOMAS	PLASTIC SURGERY Congenital Defects DR. OWENS
3:00	RECESS	RECESS	RECESS	RECESS	RECESS	
3:15	MEDICINE The Thrombo-Embolism Problem DR. DURANT	MEDICINE Renal Insufficiency, Acute and Chronic DR. DURANT	OBSTETRICS Malignant Complications of Pregnancy DR. THOMAS	GYNECOLOGY Carcinoma of the Uterus DR. JONES	SURGERY Peripheral Vascular Disease DR. GRIMSON	
4:15	RECESS	RECESS	RECESS	RECESS	RECESS	
4:30	THERAPEUTICS Medical Care of the Atherosclerotic Ischemic Extremity DR. DeVAUGHN	THERAPEUTICS Uses and Value of Rutin DR. DeVAUGHN	MEDICINE Important Medical Bone Diseases DR. DURANT	SURGERY Surgical Treatment of Hypertension DR. GRIMSON	PLASTIC SURGERY Management of Some Common Skin Disorders DR. OWENS	
	DINNER	DINNER	DINNER	DINNER	DINNER	
8:15	ROUND TABLE DISCUSSION	ROUND TABLE DISCUSSION			ROUND TABLE DISCUSSION	
Special Course	PARASITOLOGY		GASTRO-ENTEROLOGY			

PUBLIC RELATIONS

Officers and committee members of the St. Johns County Medical Society are to be congratulated on an excellent example of medical public relations at work during the Association's seventy-fourth annual convention in St. Augustine. The fullest cooperation was given by the St. Augustine Record, the St. Augustine Observer and radio station WFOY. The appreciation of doctors from all parts of the state is extended to these organizations.

This highly desirable situation is likely to be present only in a community where cordial relations already exist between the doctors and the public, particularly the press and radio. The ability of the Academy of Public Medicine to work in coordination with the newspapers and radio stations was enhanced greatly by the personal interest the members of the St. Johns County Society evidenced throughout the meeting.

The story of the 1948 state medical convention was well covered throughout the state by daily and weekly newspapers and newscasts from radio stations. Both of these foremost molders of public opinion are interested in physicians and their activities because they are irrevocably associated with the health and welfare of the people of Florida.

Returns from the clipping service are not all in at this writing, but complete tabulation and analysis of convention publicity will appear in a later edition of the Academy News Letter.

The satisfactory results of convention publicity call forcibly to mind that if doctors are doing things, what they do becomes news. Let the actions of individual physicians, and of organized medicine, which have a bearing on the general public, be made known, and favorable publicity will automatically follow.

DEATHS

DEATHS—MEMBERS

Dr. Harry L. Merryday, Daytona Beach . March 28, 1948
Dr. John H. Thomas, Gainesville.....April 9, 1948
Dr. G. LeRoy Edwards, Sarasota..... March 29, 1948
Dr. Augustus E. Conter, Apalachicola.....April 12, 1948

DEATHS—OTHER DOCTORS

Dr. Geo. W. Betton, Jacksonville..... March 27, 1948

STATE NEWS ITEMS

The Florida Urological Society held its organizational meeting on April 11, 1948 at the Ponce de Leon Hotel in St. Augustine. Dr. Harold P. McDonald of Atlanta, President of the Southeastern Section of the American Urological Association, and thirty-four Florida physicians interested in urology were present.

Officers elected were: Dr. Milton M. Coplan of Miami, President; Dr. A. Fred Turner, Jr., of Orlando, President-elect; and Dr. Russell B. Carson of Ft. Lauderdale, Secretary-Treasurer. Drs. Linus W. Hewitt of Tampa and Frank M. Woods of Miami were elected to the Executive Committee.

The scientific program, which lasted three hours, consisted of a round table discussion of six problem cases of kidney and bladder diseases. Nationally known guest speakers will hold prominent place on future annual programs.

Dr. M. I. Edelman has moved his offices from Miami Beach to 219 Calumet Building, Miami. His practice is limited to ear, nose, throat, bronchoscopy and plastic surgery.

Dr. Franklin J. Evans has moved his offices from Miami to 1716 Ponce de Leon Boulevard in Coral Gables.

COMPONENT SOCIETY NOTES

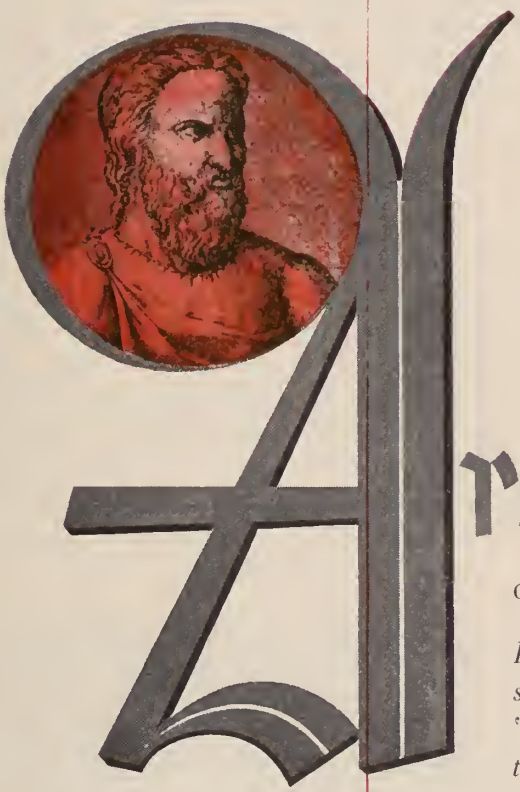
HILLSBOROUGH

At the April meeting of the Hillsborough County Medical Society, Dr. Robert B. Greenblatt, Professor of Endocrinology of the University of Georgia, presented a paper entitled, "Recent Advances in Endocrinology."

MONROE

On April 15, the members of the Monroe County Medical Society were hosts to the physicians, dentists and nurses of the Naval Hospital at Key West and to the local pharmacists. Dr. Edward Gonzalez presented a paper on "Leprosy in Key West," and Dr. Leonard H. Conly spoke

MILESTONES IN CARDIORESPIRATORY HISTORY



Aretaeus

OF CAPPADOCIA (1st Century A.D.)

First accurate description of asthma:
separated asthma from orthopnea.
"If heart be affected,
the patient cannot long survive."

In the treatment of bronchial asthma,
the clinical usefulness of Searle Aminophyllin
is well established. Its value
in patients who do not respond to epinephrine
or in those in whom epinephrine
is contraindicated
has been stressed repeatedly.

SEARLE AMINOPHYLLIN*

—is accepted therapy also
in congestive heart failure . . . paroxysmal
dyspnea . . . Cheyne-Stokes respiration.

ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

SEARLE

RESEARCH
IN THE SERVICE
OF MEDICINE

G. D. SEARLE & CO., CHICAGO 80, ILLINOIS

*Searle Aminophyllin contains at least 80%
of anhydrous theophylline.

on "Anemia in Key West." At the March meeting Dr. Thomas O. Otto of Miami spoke on his experiences in handling casualties during the last war.

PINELLAS

Five physicians were elected to membership in the Pinellas County Medical Society at the April meeting. They are Drs. Charles K. Donegan and Kenneth W. Watterson of St. Petersburg; Drs. Edward I. Melich and Clifford C. Woods of Bay Pines; and Dr. George C. Tillman of Clearwater.

Dr. Francis H. Langley introduced Dr. John P. Rowell, who gave a paper on "Liver Function Tests." The paper was discussed by Drs. Norval M. Marr, Cornelius S. Franckle and James N. Patterson. Dr. Howard H. Curd presented a paper on "Renal Function Tests." Dr. Ira C. Evans discussed Dr. Curd's paper.

THOMAS DUPREE VASSAR

Dr. Thomas D. Vassar of Lakeland died at his home on Feb. 12, 1948, shortly before his fifty-ninth birthday, following an illness of three weeks. Death was attributed to a heart attack.

Dr. Vassar was born in Turberville, S. C., on Feb. 27, 1889. He was graduated in 1912 from the Georgia College of Eclectic Medicine and Surgery in Atlanta. Coming to Florida immediately thereafter, he practiced first in Kathleen and Branford and in 1922 moved to Lakeland where he continued his medical practice for more than twenty-five years.

From 1922 to 1930 Dr. Vassar was a member of the Florida State Board of Medical Examiners, serving as president in 1929. He was a member of the Polk County Medical Society, the Florida Medical Association and the American Medical Association. Dr. Vassar was a member of the First Baptist Church of Lakeland. He was a Mason and a Shriner.

In addition to his widow, he is survived by a daughter, Mrs. William Munrose of Tampa; his mother, Mrs. Evelyn Vassar, and a brother, Curtis Vassar, both of Manning, S. C.

WOMAN'S AUXILIARY

TO THE

FLORIDA MEDICAL ASSOCIATION, INC.

OFFICERS

Mrs. L. E. Parmley, President.....*Winter Haven*
Mrs. C. F. Henley, President-elect.....*Jacksonville*
Mrs. R. J. Jahn, 1st Vice Pres.....*Winter Haven*
Mrs. C. R. DeArmas, 2nd Vice Pres.....*Daytona Beach*
Mrs. R. G. Lewis, 3rd Vice Pres.....*West Palm Beach*
Mrs. B. A. Wilkinson, 4th Vice Pres.....*Tallahassee*
Mrs. C. R. Morgan, Jr., Recording Sec'y.....*Miami*
Mrs. F. E. Bell, Corresponding Sec'y.....*Gainesville*
Mrs. W. L. Tillis, Treasurer.....*Lakeland*

COMMITTEE CHAIRMEN

Mrs. C. D. Rollins, Editorial.....*Jacksonville*
Mrs. J. R. Boulware, Jr., Finance.....*Lakeland*
Mrs. F. J. Pyle, Hygeia.....*Orlanda*
Mrs. H. G. Cole, Legislation.....*Tampa*
Mrs. C. H. Murphy, Postwar Planning.....*Bartaw*
Mrs. S. R. Higginbotham, Jr., Program.....*Tampa*
Mrs. J. L. Anderson, Public Relations.....*Miami*
Mrs. T. A. Snow, Student Loan Fund.....*Gainesville*
Mrs. R. A. Wilson, Archives.....*Sarasota*
Mrs. R. J. Jahn, Organization.....*Winter Haven*
Mrs. F. W. Krueger, Revisions.....*Jacksonville*
Mrs. W. C. Williams, Jr., Historian..*West Palm Beach*
Mrs. L. M. Jenkins, Parliamentarian.....*Miami*
Mrs. F. M. Parish, Bulletin.....*Orlando*

To the Members of the Woman's Auxiliary:

As we approach the new year, let us take pride in the history of our Auxiliary and rededicate ourselves to a greater goal in the future.

The Revisions Committee worked faithfully and diligently for a period of time, revising the Constitution and By-Laws, of which we are all proud. At this time many of you are assuming new responsibilities in the state as well as in the county auxiliaries. All officers and committee chairmen are urged to study carefully their respective duties and also the duties of other officers and committee chairmen so that the activities of the various offices may be correlated. The success of the work of each officer and committee chairman depends upon the effort and the responsibility of doing her duty conscientiously and at the proper time.

Let us place greater emphasis this year on the national health program, public relations, prepayment medical care plan and membership. Our goal may be: first, self education of our own membership on the fundamental principles of promotion of health; second, education of the public along the same lines; third, study of the prepayment medical plan so that we may be able to tell the public of the benefits derived from it;

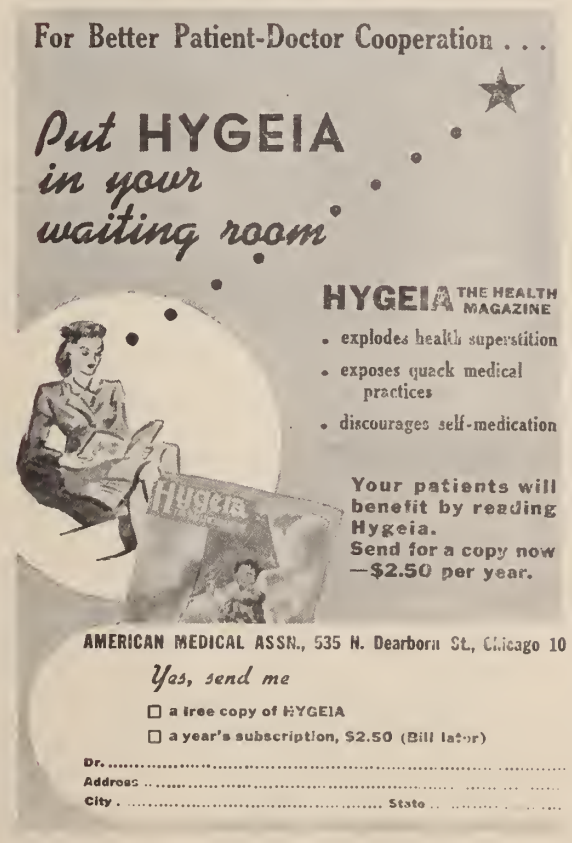
and fourth, concentration on enroling every eligible physician's wife as a member of the Auxiliary. The time has come when the Auxiliary has so proved its worth that the question is not "Are you an Auxiliary member?" but, "Why are you not a member?"

Hygeia also plays an important part in the Auxiliary activities and will always be one of the major projects. Is there a copy of Hygeia in every physician's office? If the Auxiliary is going to fulfill its obligation to the medical profession and to the public at large, every member must accept these as her individual responsibilities.

In planning the new year's work, may we realize our opportunity for service. Let us be faithful and loyal to our objectives and receive the personal satisfaction of knowing that a deed has been well done.

I pledge my loyalty, my sincerity and my promise of untiring effort in behalf of the Woman's Auxiliary to the Florida Medical Association.

Mrs. Lee E. Parmley
President



INDEX TO VOLUME XXXIV

Abdomen, Management of Perforating and Penetrating Wounds 590
Abdominal Actinomycosis (abst) 521
Abdominal Pain, Right Lower Quadrant, Some Uncommon Surgical Causes (abst) 601
Actinomycosis, Abdominal (abst) 521
Aid for Polio Victims (edit) 167
"Air Power Is Peace Power" (edit) 47
Allergic Evaluation, Importance of Predisposing and Contributory Factors 447
Allergic Individual, Emotions in (abst) 219
American Academy of Orthopaedic Surgeons 673
American College of Chest Physicians 673
American College of Physicians, Regional Meeting 464
American College of Surgeons, Sectional Meeting 405
American College of Surgeons, Thirty-Third Convocation 355
American Medical Association:
Convention Attendance 109
Data for 1949 A. M. A. Directory 608
Report of Delegates 226, 669
Requests Information 350
Resolves—Do You? (edit) 401
American Medical Women's Association, Southern Florida Branch 110
American Physiotherapy Association 673
American Psychiatric Association, Third Annual Meeting 49
American Urological Association, Sectional Meeting 541
Anesthetic Accidents (abst) 665
Anesthetists, Nurse, and the Physician's Responsibility, Legal Opinion 540
Annual Convention Held in St. Augustine (edit) 741
Annual Meeting, 74th 171
Appendectomy and Care of the Appendix Stump 218
Appointment of Commissioned Officers in the Medical and Dental Corps of the Regular Navy 671
Art of Practicing Medicine 533
Asthma, Intrinsic (Hosp. Case Rpt.) 102
Atabrine Used in the Treatment of Intestinal Protozoa (abst) 521
Atlanta Postgraduate Assembly, 1948 405
Atomic Bomb Explosion, Effects 651
Atomic Energy in Peacetime Pursuits (edit) 550
Attempt to Forestall Acute Coronary Thrombosis (abst) 663

Better Public Relations Needed—Not More Publicity (edit) 221
Biologic Standardization, WHO Expert Committee (edit) 108
Birth and Death Certificates 672
Blue Cross-Blue Shield Chief (edit) 605
Blue Shield and the Florida Doctor (edit) 460
Board of Governors' Meeting 296
Books Received:
A. M. A.: Annual Reprint of Reports of Council on Pharmacy and Chemistry, 1946 234
A. M. A.: New and Nonofficial Remedies, 1947 234
Ballenger, William Lincoln, Howard Charles and John Jacob: Diseases of the Nose, Throat and Ear 679
Burch, George E., and Reaser, Paul: A Primer of Cardiology 677
Donaldson, J. K.: Surgical Disorders of the Chest, Diagnosis and Treatment 679
Goldberger, Emanuel: Unipolar Lead Electrocardiography, including Standard Leads, Unipolar Extremity Leads and Multiple Unipolar Precordial Leads 678
Kahn, Samuel; Kirsten, Grace, and March, May Elish: Practical Child Guidance and Mental Hygiene 679



Buttermilk...

a beverage with unique values

Buttermilk is useful in combatting certain intestinal derangements among infants and adults, in relieving constipation and alleviating stomach disorders. For buttermilk of uniformly high quality, made with pasteurized milk, we suggest Sealtest Buttermilk.

Southern Dairies

Sealtest
CREAMED
BUTTERMILK

TUNE IN: The Sealtest Village Store, starring JACK CARSON with Eve Arden, Thursday Evenings, NBC

Lewin, Philip: The Foot and Ankle, Their Injuries, Diseases, Deformities and Disabilities ... 678
Strecker, Edward A.: Fundamentals of Psychiatry ... 677
Wexberg, L. Erwin: Introduction to Medical Psychology ... 677
Breast, Cancer; a Study of One Hundred Cases at the Duval County Hospital ... 343
Britain's Experiment in Socialized Medicine (edit) ... 666
Bromide Intoxication ... 161
Bronchography (abst) ... 601
Buy Christmas Seals ... 552

Calcified Metanephros of Kidney Topping Cyst of Primitive Kidney Pelvic (Hosp. Case Rpt) ... 42
Cancer Curability, Certain Factors Influencing (abst) ... 575
Cancer Education (edit) ... 294
Cancer of the Breast; a Study of One Hundred Cases at the Duval County Hospital ... 343
Cancer Seminar (edit) ... 294
Cancer Seminar Great Success ... 404
CARE Christmas Plan ... 552
CARE for the Hungry (edit) ... 107
Catgut Closure of the Low Midline Incision and Early Ambulation (abst) ... 219
Centennial Postage Stamp (edit) ... 107
Certain Factors Influencing Cancer Curability (abst) ... 575
Cervical Lesions—Diagnosis of Malignant Disease by Vaginal Smear ... 654
Chemist and the Physician—Antibiotics (edit) ... 667
Child Management in Public Health Dentistry ... 590
Chronic Urethritis in Women; an Important Clinical Entity ... 99
Cirrhosis, Hanot's (Hosp. Case Rpt.) ... 102
Clinical Study of the Therapeutic Effect of a Special Pepsin-Pancreatic Preparation on Primary and Secondary Gastrointestinal Dysfunctions: Preliminary Report (abst) ... 455
Clinical Use of Streptomycin in Urinary Tract Disease ... 587
Clinical Value of Gastroscopy ... 551
College of Surgeons, International, Twelfth Annual Assembly ... 110
Colon and Rectum Wounds ... 269
Committee Reports and Resolutions (edit) ... 401
Common Fungous Diseases of the Skin ... 151
Component Society Notes ... 50, 250, 301, 358, 413, 469, 545, 611, 673, 748
Comprehensive Insurance System (edit) ... 559
Conferences on Serology ... 543
Congenital Malformations and Maternal Infection, National Study ... 500
Convention City, St. Augustine ... 522
Coronary Thrombosis, Acute, an Attempt to Forestall (abst) ... 663
County Medical Society Officers Parley ... 744
Correspondence ... 472
Crisis Produced by a Shortage of Nurses (edit) ... 400
Curare ... 207

Dade County Health Department Praised by Advisory Council ... 609
Deaths:
Members:
Bidwell, Alfred M., Tampa ... 50
Boothe, R. C., Ft. Pierce ... 50, 113
Bourne, Laura H., Miami ... 469, 546
Brewster, Warren A., Callahan ... 358, 414
Croft, Theo. G., Jacksonville ... 676
Conter, Augustus E., Apalachicola ... 748
Cueto, Andre A., Ft. Lauderdale ... 300
Dailey, Ira A., Micanopy ... 50
Davis, George A., DeLand ... 611
Edwards, G. LeRoy, Sarasota ... 748

Ferguson, Robert D., Ocala 170, 230
Galey, Harry Charles, Key West 228, 230
Gurganious, Allen P., Palatka 545, 612
Jefferson, Rollin, Tampa 673
Long, Eustace, Madison 300
Merryday, Harry L., Daytona Beach 748
Mimms, Carney W., Sr., Ocala 406, 416
Morrow, Frank R., Miami 50
Osincup, Gilbert S., Orlando 406, 470
Rentz, William C., Miami 170, 173
Roche, C. Frederic, Miami 545, 614
Shafer, William W., Haines City 545, 547
Sherman, William E., Winter Haven 111, 114
Shoemaker, Samuel A., Orlando 111
Spengler, Nathaniel L., Tampa 469, 547
Thomas, John H., Gainesville 748
Tomlinson, J. Pitt, Lake Wales 300
Vassar, Thomas D., Lakeland 611, 750
Weed, Walter A., Orlando 469, 470
Weller, Harold E., St. Petersburg 358, 416
Wilson, Alpheus K., Jacksonville 170, 173

Other Doctors:

Alexander, Guy L., Washington, D. C. 111
Betton, Geo. W., Jacksonville 748
Bickerstaff, James H., Pensacola 545
Blinn, T. A., North Miami Beach 50
Chunn, Judson David, St. Cloud 228
Daniel, S. Blake (col.), Jacksonville 111
Daniels, Edgar R. (col.), Panama City 111
Davies, Ray, Los Angeles 228
Davis, James E., St. Petersburg 673
Duncan, C. Frederick (col.), Jacksonville 358
Feintuch, Morris, Brooklyn 111
Freeman, Alexander R., Albany, Ga. 170
Greenberg, Irving, Miami Beach 545
Grossman, Frederick Arthur, Vero Beach 228
Harper, Charles W., Chipley 170
Johnson, Samuel E. (col.), Tampa 358
King, Oscar W., Coral Gables 545
Laurence, Everton J., Windermere 111
Mason, Robert Lawrence, Roanoke, Va. 50
McNeill, Ledge W. (col.), Bartow 358
Nutter, William L., West Palm Beach 406
Overstreet, Edward J., Baxley, Ga. 300
Perkins, George E., Boston 170
Porro, Gustavo F., Tampa 673
Smith, David F., Esto 545
Strickland, Edgar E., Citra 469
Whitaker, Joel, Indianapolis, Ind. 406

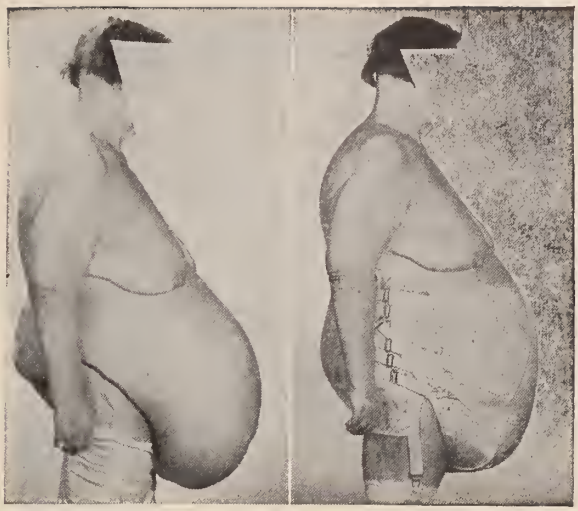
BISCAYNE HOSPITAL
6339 Biscayne Blvd.
MIAMI 38, FLORIDA

Members of the Dade County Medical Association are acquainted with the high type of service rendered.

Frances Spieler, Superintendent
David Collins, Business Manager

Registered, American Medical Association

Phone 7-4544



SAFE
SUPPORT for this
HERNIAL PATIENT

The Spencer Abdominal Support for this hernial patient was *individually designed, cut, and made* at our New Haven plant—after a description of the patient's body and posture had been recorded and detailed measurements taken.

The pull of supporting the abdomen is placed on the pelvis, not on the spine at or above the lumbar region. Abdominal support is from below, upward and backward, paralleling the natural pull of muscles. Made of non-elastic materials, the support will not yield or slip under strain, assuring maximum *safety.*

Following application of her Spencer Support, the patient obtained relief of symptoms and was able to return to her job.

Spencer Supports for men, women, and children are each individually designed for each patient.

For a dealer in Spencer Supports look in telephone book for "Spencer corseticre" or "Spencer Support Shop," or write direct to us.

SPENCER, INCORPORATED
129 Derby Ave., New Haven 7, Conn.
Canada: Spencer, Ltd., Rock Island, Que.
England: Spencer, Ltd., Banbury, Oxon.
Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

May We Send You Booklet?

Name ..... M.D.
Street .....
City & State R-6-48

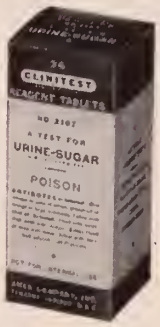
SPENCER *INDIVIDUALLY DESIGNED* SUPPORTS
® FOR ABDOMEN, BACK AND BREASTS

For simple diagnosis of...

URINE-SUGAR

CLINITEST

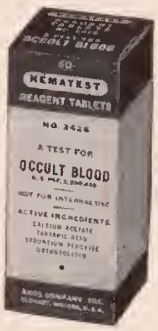
TABLET NO-HEATING METHOD



SIMPLE AND SPEEDY

Drop one Clinitest Tablet in indicated amount of diluted urine—watch for reaction—compare with color scale.

OCCULT BLOOD



HEMATEST

TABLET METHOD

SIMPLE TECHNIC

Place one drop of specimen solution or suspension on filter paper. Set Hematest Tablet in center of moist area and allow 2 drops water to trickle down from top of tablet to paper. Color reaction on paper denotes presence of blood.

Full information on request.

AMES COMPANY, INC.

ELKHART, INDIANA

Delegates to A. M. A. Convention, Report 226, 669
Dentistry, Public Health, Child Management 396
Diagnosis of Endobronchial Tuberculosis 346
Diseases of the Skin, Common Fungous 151
District Medical Meetings 49, 103, 111, 117, 223, 409
Diverticulum, Meckel's, Sessile Papilloma (Hosp. Case Rpt.) 42
Doctor and Patient (edit) 459
Doctor and the Public 33
"Doctor" Urbuteit and His "Magic Sinuothermic Machine" (edit) 603
"Doctors and Horses" (edit) 461
Dr. Scheele Succeeds Dr. Parran as Surgeon General 605
Duval County, History of Medicine 38, 280, 513

Effects Resulting from Atomic Bomb Explosion 651
Eligibility for Florida Medical Examinations 472
Emotions in the Allergic Individual (abst) 219
Encephalomalacia, Myocardial Infarction of the Right Ventricle, Polycystic Kidney (Hosp. Case Rpt.) 43
Enchondritis, Radiation (Hosp. Case Rpt.) 42
Endobronchial Tuberculosis, Diagnosis 346
Exophthalmos in Relation to Orbital Tumors; Report of Eight Cases (abst) 291
Extreme Insulin Resistance: a Case Study (abst) 347
Eye Banks (edit) 402
Eye, Manifestations of Some Internal Diseases in the Fundus 89
Eye in Thyroid Disease 29

Federal Health Workshops (edit) 461
Fellowships, Research (edit) 295
Finding Tuberculosis in Florida 452
First 'Grass Roots Conference;' Report 169
Florida Legislature 353
Florida Medical Service Corp. 229, 456
Florida Medical Service Plan Leads in Increased Enrolment (edit) 47, 229
Florida Public Health Association Annual Meeting 229
Florida Tuberculosis and Health Association Conference 48
Florida Urological Society 748
Fractures, Hip, Surgical Management (abst) 662
From Our President 45, 456, 533
Fundus of the Eye, Manifestations of Some Internal Diseases 89

Gastrointestinal Dysfunctions, Primary and Secondary, Therapeutic Effect of a Special Pepsin-Pancreatic Preparation: Preliminary Report (abst) 455
Gastroscopy, Clinical Value 331
General Practitioner Award (edit) 540
Glomerulonephritis, Sarcoidosis Simulating (abst) 455
Good Medicine for What Ails Us (edit) 403
Graduate Short Course 405, 608, 746
Graduate Medical Education in Florida (edit) 742
Grafts, Wound Closure without the Use of (abst) 521
'Grass Roots Conference,' First; Report 169

Haden, Russell L., M.D., Guest Speaker 532
Hanot's Cirrhosis (Hosp. Case Rpt.) 102
Health Insurance Legislation from a Columnist's Viewpoint (edit) 224
Health Mission to Tokyo; It All Adds Up (edit) 538
Heart Disease, Management 509
Heart Diseases, Certain, Surgical Approach to the Treatment 383
Hemolysis—a Study of Its Prevention 466
Hepatoma, Successful Operation in a Case (Hosp. Case Rpt.) 42
Hidden Treasures of the Later Years (edit) 668
Highlights of Medicine, 1847-1947 (edit) 349
History of Medicine in Duval County 38, 280, 513
Hospital Act and Your Community (edit) 167
Hospital Service (edit) 225
How Should Nurses Be Trained? (edit) 351
Hypertension, Essential, Medical Management 657

Importance of Predisposing and Contributory Factors in an Allergic Evaluation ... 447
Index to Authors of Abstracts, Vol. XXXIV ... 759
Index to Authors of Articles, Vol. XXXIV ... 759
Index to Volume XXXIV ... 751
Infarction of the Right Ventricle, Myocardial, Polycystic Kidney, Encephalomalacia (Hosp. Case Rpt.) 43
Infectious Disease, Postgraduate Course (edit) ... 110
Inflation Versus Deflation (edit) ... 168
Inspection of Milk (edit) ... 222
Insulin Resistance, Extreme: a Case Study (abst) 347
Insurance, Health, Legislation from a Columnist's Viewpoint (edit) ... 224
Insurance System, Comprehensive (edit) ... 539
International College of Surgeons, Twelfth Annual Assembly ... 110
International Poliomyelitis Conference ... 745
Intestinal Infestations, Associated Skin Manifestations 40
Intrinsic Asthma (Hosp. Case Rpt.) ... 102

Journal Schedule and Convention Reports (edit) ... 603

Kidney, Polycystic, Myocardial Infarction of the Right Ventricle, Encephalomalacia (Hosp. Case Rpt.) ... 43

Legal Opinion on Nurse Anesthetists and the Physician's Responsibility ... 540
Legislation, Health Insurance, from a Columnist's Viewpoint (edit) ... 224
Legislation and Public Relations, Personal Responsibility (edit) ... 105
Legislative Committee Chairman Resigns (edit) ... 351
Licenses Granted (State Bd. of Med. Exam.) ... 227, 547
Living Possibilities of a Golden Age; World Cooperation in Medicine (edit) ... 743
Low Midline Incision, Catgut Closure, and Early Ambulation (abst) ... 219

Malaria Remains Endemic in Florida (edit) ... 403
Management of Heart Disease ... 509
Management of Perforating and Penetrating Wounds of the Abdomen ... 590
Manchester Operation in the Treatment of Uterine Prolapse ... 155
Manifestations of Some Internal Diseases in the Fundus of the Eye ... 89
Masculinizing Tumor of the Ovary; Report of a Case 160
Maternal Infection and Congenital Malformations, National Study ... 300
Meckel's Diverticulum, Sessile Papilloma (Hosp. Case Rpt.) ... 42
Medical and Surgical Treatment of Conditions Involving Sight ... 596
Medical Licenses Granted (State Bd. of Med. Exam.) ... 227, 547
Medical Management of Essential Hypertension ... 657
Medical Officers Returned ... 173, 228, 301, 409
Medical Practice Act ... 671
Medical Service Corp., Fla. ... 229
Medicine in Duval County, History ... 38, 280, 513
Medicine, Socialized ... 212
Meetings:
American Academy of Dermatology and Syphilology ... 298
American Academy of Orthopaedic Surgeons ... 673
American Academy of Pediatrics, Areal Meeting ... 544
American College of Chest Physicians ... 673
American College of Physicians, Regional Meeting 464
American College of Surgeons ... 298, 355, 405
American Physiotherapy Association ... 673
American Urological Association, Sectional Meeting 540
Cancer Seminar ... 294
Florida Academy of Public Medicine ... 514



Why more Doctors are using
Webster-Chicago
Electronic Memory

The portable, light weight Webster-Chicago *Electronic Memory* Wire Recorder is solving one of today's most difficult problems—helping doctors to increase the effectiveness of their working hours and to see more patients.

It is widely used in consultations to record the patient's case history for comparison and analysis. Significant details are retained for later reference, nothing forgotten. Consultation opinions and running comments made during treatment may be played back as desired...or transcribed later by a stenographer.

Recordings may be kept indefinitely, replayed thousands of times...or erased simply by re-recording on the same wire. Just plug the *Electronic Memory* into an AC outlet and it is ready to record or playback any sound. A sensitive microphone and three spools of pretested *Electronic Memory* Recording Wire are supplied and can be stored in the detachable lid.

Mail the coupon for booklet describing and illustrating America's leading Wire Recorder.



WEBSTER·CHICAGO
Electronic Memory
Wire-Recorder

Please send me a copy of "The *Electronic Memory* for Commercial and Professional Use."

Name_____

Address_____

City_____ Zone____ State_____

WEBSTER-CHICAGO CORPORATION, Dept. M6
5610 West Bloomingdale Ave., Chicago 39, Ill.

Advertisement



From where I sit
by Joe Marsh

Three Mighty Important Ideas

Maybe you read, where a great encyclopedia has sorted all basic ideas into a few select groups. Under the letter "T" they have:

Temperance—Truth—Tyranny.

Sounds like a funny combination. And to philosophize a little, notice that Truth is in the center—*between* Tyranny and Temperance.

Now and then you hear folks criticize temperate people who enjoy a moderate glass of beer . . . who talk about "two beers" getting someone into trouble, and claim: "There ought to be a law!"

Then Truth steps in between, and points out that two beers never got anybody into trouble—and that somebody's trying to distort the facts. No, there shouldn't be a law—*there should be Truth.*

From where I sit, those ideas are arranged just right. Temperance on one side, Tyranny on the other—and Truth in the middle—seeing that Tyranny never encroaches upon Temperance.

Joe Marsh

Copyright, 1948, United States Brewers Foundation

Florida Medical Association:
Board of Governors . . . 296
Medical District Meetings, 1947 . . . 49, 103, 111, 117, 223, 409
Seventy-Fourth Annual Meeting . . . 524, 665, 716
State Board of Medical Examiners . . . 108, 227, 229, 547
Florida Public Health Association . . . 229
Florida Society of Ophthalmology and Otolaryngology . . . 408, 541
Florida State Pediatric Association . . . 407
Florida Urological Society . . . 748
Midwinter Seminar in Otolaryngology and Ophthalmology . . . 352, 356, 408
Southeastern Allergy Association . . . 356
Southeastern Surgical Congress . . . 298, 356, 544
Southern Medical Association . . . 228, 464
Southern Pediatric Seminar . . . 229, 745
Mental Repercussion in Physical Disease . . . 289
Mercy Deaths (edit) . . . 166
Midwinter Meeting of Florida Society of Ophthalmology and Otolaryngology . . . 541
Midwinter Seminar in Otolaryngology and Ophthalmology . . . 352, 356, 408, 542
Milk, Inspection of (edit) . . . 222
Motion Picture Films . . . 540
Murine Typhus: Treatment of a Small Series of Cases with Para-Aminobenzoic Acid . . . 517
Myocardial Infarction of the Right Ventricle, Polycystic Kidney, Encephalomalacia (Hosp. Case Rpt.) 43

Nasopharynx, Some Commonly Unrecognized Diseases; Results of Studies of 140 Autopsy Specimens . . . 455
National Health Assembly, May 1-4 (edit) . . . 607
National Study of Congenital Malformations and Maternal Infection . . . 300
Naturopathy, What is the Nature of (edit) . . . 536
Nervous System, Signs and Symptoms that Suggest Serious Lesions (abst) . . . 291
New Diagnostic Problems (edit) . . . 669
New Election Procedure (edit) . . . 400
New Handbook of Nutrition . . . 671
Newer Services of the State Laboratories . . . 276
Newly Elected Officers (edit) . . . 665
Night Service Demand . . . 670
Notice to Delegates and Committee Chairmen (edit) 535
Nurses, Supply of (edit) . . . 221

Obstetrics and Gynecology, Third American Congress 110
Orbital Tumors, Exophthalmos in Relation to; Report of Eight Cases (abst) . . . 291
Osteitis Condensans ILII; Report of Three Cases Associated with Urinary Infection . . . 95
Ovary, Masculinizing Tumor of; Report of a Case . . . 160

Pain, Surgical Relief . . . 339
Para-Aminobenzoic Acid: Treatment of a Small Series of Cases of Murine Typhus . . . 517
Paralysis of the Serratus Anterior Muscle with a Winged Scapula during the Puerperium . . . 450
Penicillin-Treated Syphilis, Significance of Quantitative Serologic Tests As a Guide . . . 332
People's Health (edit) . . . 293
Personal Responsibility for Legislation and Public Relations (edit) . . . 105
Pharmacist and Physician—The Pharmaceutical-Medical Research Foundation (edit) . . . 607
Physician Population Increases (edit) . . . 110
Physicians' Responsibility . . . 45
Physicist and the Physician; New Vocabulary—New School (edit) . . . 742
Polio Victims, Aid (edit) . . . 167
Poliomyelitis Conference, International . . . 745

Polyps of the Stomach with Reference to the Gastroscopic Findings (abst) 398
Postage Stamp, Centennial (edit) 107
Postgraduate Course in Infectious Disease (edit) 110
Postgraduate Courses in March 465
Practicing Physicians for Rural Areas (edit) 462
Preparation of the Tuberculous Patient for the Sanitorium 463
Prescriptions for Dangerous Drugs Other Than Narcotics 542
President's Address 713
President's Letter:
Art of Practicing Medicine 533
Florida Medical Service 456
Physicians' Responsibility 45
Primary Hypertrophy and Hyperplasia of the Parathyroid Glands Associated With Duodenal Ulcer, Report of an Additional Case, with Special Reference to Metabolic, Gastrointestinal and Vascular Manifestations (abst) 663
Problems in the Surgical Management of Hip Fractures (abst) 662
Proceedings, Seventy-Fourth Annual Meeting 716
Program of the Seventy-Fourth Annual Meeting 524
Protozoa, Intestinal, Use of Atabrine in Treatment (abst) 521
Psychiatric Association, American, Third Annual Meeting 49
Public Health Association, Fla., Annual Meeting 229
Public Relations 223, 297, 353, 406, 467, 543, 610, 672, 748
Public Relations (edit: "A Wrinkle in Good Public Relations") 107
Public Relations Needed, Better—Not More Publicity (edit) 221
Public Relations Program (edit) 168

Quantitative Serologic Tests for Syphilis 608

Radiation Enchondritis (Hosp. Case Rpt.) 42
Rectum and Colon Wounds 269
Regional Meeting of American College of Physicians Held 464
Report of Delegates to A. M. A. Convention 226, 669
Research Fellowships (edit) 295
Reticulum Cell Sarcoma of the Clasmatocyte Variety (Hosp. Case Rpt.) 163
Rural Areas, Practicing Physicians (edit) 462

St. Augustine, Convention City 522
Sarcoidosis Simulating Glomerulonephritis (abst) 455
Sarcoma, Reticulum Cell, of the Clasmatocyte Variety (Hosp. Case Rpt.) 163
Schedule of Meetings
57, 117, 177, 237, 305, 361, 429, 489, 570, 631, 699, 771
Serologic, Quantitative, Tests As a Guide in Penicillin-Treated Syphilis 332
Serologic Reports 466
Serratus Anterior Muscle, Paralysis, with a Winged Scapula during the Puerperium 450
Services to Aid Practicing Physicians (edit) 167
Sessile Papilloma of Meckel's Diverticulum (Hosp. Case Rpt.) 42
Seventy-Fourth Annual Meeting (edit) 524, 535
Seventy-Fourth Annual Meeting Proceedings 716
Shortening the Lag (edit) 463
Sight, Medical and Surgical Treatment 596
Significance of Quantitative Serologic Tests As a Guide in Penicillin-Treated Syphilis 332
Signs and Symptoms That Suggest Serious Lesions of the Nervous System (abst) 291
Skin, Common Fungous Diseases 151

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Intensive Course in Surgical Technique, Two Weeks, starting July 19, August 16, September 27.
Surgical Technique, Surgical Anatomy & Clinical Surgery, Four Weeks, starting June 21, August 2, September 13.
Surgical Anatomy & Clinical Surgery, Two Weeks, starting July 6, August 16, September 27.
Surgery of Colon & Rectum, One Week, starting June 14, September 20.
Surgical Pathology every two weeks.
UROLOGY—Intensive Course, Two Weeks, starting September 27.
FRACTURES & TRAUMATIC SURGERY—Intensive Course, Two Weeks, starting June 7, Oct. 25.
OPHTHALMOLOGY—Intensive Course, Two Weeks, starting September 20.
Refraction Methods, Four Weeks, starting Oct. 11.
Ocular Fundus Diseases, One Week, starting June 7, November 15.
GYNECOLOGY—Intensive Course, Two Weeks, starting September 13.
Vaginal Approach to Pelvic Surgery, One Week, starting September 27.
OBSTETRICS—Intensive Course, Two Weeks, starting June 21, September 27.
MEDICINE—Intensive Course, Two Weeks, starting October 11. Personal Course in Gastroscopy, Two Weeks, starting June 28, July 12. Electrocardiography & Heart Disease, Two Weeks, starting August 2.
DERMATOLOGY—Formal Course, Two Weeks, starting October 4. Clinical Course every two weeks.
OTOLARYNGOLOGY — Intensive Course, Two Weeks, starting October 18.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES
Teaching Faculty:
Attending Staff of Cook County Hospital
Address:
Registrar, 427 South Honore Street,
Chicago 12, Illinois

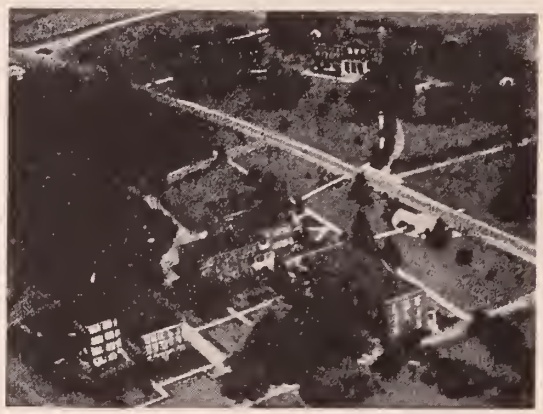


BRAWNER'S SANITARIUM
Established 1910

SMYRNA, GEORGIA
(Suburb of Atlanta)

For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

JAMES N. BRAWNER, M.D., Medical Director
ALBERT F. BRAWNER, M.D., Department for Men
JAMES N. BRAWNER, JR., M.D., Department for Women



Allen's Invalid Home

MILLEDGEVILLE, GA.
Established 1890

For the treatment of
NERVOUS AND MENTAL DISEASES

Grounds 600 Acres
Buildings Brick Fireproof
Comfortable **Convenient**
Site High and Healthful

E. W. ALLEN, M.D., *Department for Men*
H. D. ALLEN, M.D., *Department for Women*
Terms Reasonable

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

or PHYSICIANS, SURGEONS, DENTISTS exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100.00 weekly indemnity accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

85c out of each $1.00 gross income used for members' benefits

$3,000,000.00 INVESTED ASSETS — **$15,000,000.00** PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

46 years under the same management

400 First National Bank Building, OMAHA 2, NEBRASKA

Skin Manifestations Associated with Intestinal Infestations ... 40
Socialized Medicine ... 212
Some Commonly Unrecognized Diseases of the Nasopharynx: Results of Studies of 140 Autopsy Specimens (abst) ... 455
Some Uncommon Surgical Causes of Right Lower Quadrant Abdominal Pain (abst) ... 601
Southern Pediatric Seminar ... 229, 745
Spadework (edit) ... 46
State Board of Health ... 466, 542, 608, 672
State Board of Health, Founding ... 513
State Board of Medical Examiners Meets (edit) ... 108, 227, 229, 547
State Laboratories, Newer Services ... 276
Statesmanship in Medical Circles (edit) ... 665
"Stephen Graham, Family Doctor" (edit) ... 47
Stomach, Polyps of, with Reference to the Gastroscopic Findings (abst) ... 398
Streptomycin, Clinical Use of, in Urinary Tract Disease ... 587
Successful Operation in a Case of Hcptoma (Hosp. Case Rpt.) ... 42
Supply of Nurses (edit) ... 221
Surgeon General, Dr. Scheele Succeeds Dr. Parran ... 605
Surgical Approach to the Treatment of Certain Heart Diseases ... 383
Surgical Relief of Pain ... 339
Syphilis, Penicillin-Treated, Significance of Quantitative Serologic Tests ... 332

Technical Exhibit ... 550
Thyroid Disease, Eye ... 29
Topical Use of Sulfonamides Disapproved (edit) ... 404
Traumatic Injuries of the Urinary System ... 387
Trudeau Society for Florida (edit) ... 48
Tuberculosis and Health Association Conference, Fla. 48
Tuberculosis, Endobronchial, Diagnosis ... 346
Tuberculosis in Florida, Finding ... 452
Tuberculous Patient, Preparation, for the Sanatorium 463
Tumor, Masculinizing, of the Ovary; Report of a Case 160
Tumors, Orbital, Exophthalmos in Relation to; Report of Eight Cases (abst) ... 291
Typhus Fever: Report of Seven Simultaneous Cases in Ocala ... 593
Typhus, Murine: Treatment of a Small Series of Cases with Para-Aminobenzoic Acid ... 517

Undulant Fever: Report of Two Cases ... 593
University Award for "Doctors—Then and Now" (edit) ... 109
Urethritis in Women, Chronic; an Important Clinical Entity ... 99
Urinary Infection, Report of Three Cases Associated with; Osteitis Condensans ILII ... 95
Urinary System, Traumatic Injuries ... 387
Urinary Tract Disease, Clinical Use of Streptomycin 587
Use of Atabrine in the Treatment of Intestinal Protozoa (abst) ... 521
Uterine Prolapse, Manchester Operation ... 155

Visual Aids in Medical Education (edit) ... 295

What Is the Nature of Naturopathy? (edit) ... 536
What Portends for the Nation's Health? (edit) ... 605
What Value Human Life? (edit) ... 105
WHO Expert Committee on Biologic Standardization (edit) ... 108
Woman's Auxiliary Officers ... 416, 474, 548, 615, 750
World Medical Association ... 166
Wound Closure without the Use of Grafts (abst) ... 521
Wounds of the Colon and Rectum ... 269
"Wrinkle in Good Public Relations" (edit) ... 107

INDEX TO AUTHORS

Articles

Anderson, A. S., St. Petersburg 289
Anderson, Horace M., Jacksonville 590
Bowen, F. Hardy, Jacksonville 590
Butt, Arthur J., Pensacola 99, 387
Center, Raymond H., Clearwater 218
Chunn, C. Frank, Tampa 269
Collins, Chas. J., Orlando 155
Daly, Thomas E., West Palm Beach 207
Diddle, A. W., Dallas, Texas 450
Drane, Miriam M., St. Petersburg 40, 393
Dunnington, John H., New York 29
Fuller, Henry, Lakeland 517
Gilmer, E. S., Tampa 587
Hampton, H. Phillip, Tampa 331
Hardy, Albert V., Jacksonville 276
Harrell, Henry L., Ocala 593
Harris, William G., Jacksonville 590
Hewit, Linus W., Tampa 587
Isberg, Emil M., Miami Beach 383
Jelks, Edward, Jacksonville 343
Jennings, W. L., Daytona Beach 160
Kennedy, Alpheus T., Jacksonville 343
Knauer, W. J., Jacksonville 89
Levin, Nathaniel M., Miami 346
Logan, William P., Lakeland 161
Lyerly, James G., Jacksonville 339
McConnell, W. C., St. Petersburg 169
Merritt, Webster, Jacksonville 38, 280, 513
Peek, Eugene G., Ocala 593
Pohlman, Louis, Orlando 155
Price, Frank L., St. Petersburg 651
Rector, Lee T., Tampa 654
Roche, C. Frederic, Miami 509
Rubin, Nathan S., Pensacola 596
Sanchez, Gabriel, Orlando 155
Saslaw, Milton S., Miami Beach 657
Sharp, Clarence M., Jacksonville 452
Slaughter, Frank G., Jacksonville 33
Sondag, Roger F., Jacksonville 332
Szabados, Martin C., Tallahassee 95
Thomas, William C., Gainesville 45, 456, 533, 713
Turner, D. H., D.D.S., Jacksonville 396
Van Schaick, Harold D., Miami 212
Wilson, Wesley W., Tampa 151
Zivitz, Nelson, Miami Beach 447

Abstracts

Bernstein, Clarence, Orlando 521
Dell, J. Maxey, Jr., Gainesville 601
Farris, Edward M., and Douglas, Russell V., Orlando 521
Fleming, Richard Marion, Miami 601
Forbes, S. B., Tampa 291
Haverfield, W. Tracy, Miami 291
Hollender, A. R., Miami Beach 455
Klinefelter, Harry F., Jr., and Salley, S. Marion, MC, A. U. S. 455
Levin, Alfred G., Miami 398
Lonergan, Robert C., St. Petersburg 662
McGavack, T. H., and Klotz, S. D., Orlando 455
McGavack, T. H., Klotz, S. D., Orlando, Vogel, Mildred, and Hart, J. F. 347
Metzger, Frank C., Tampa 719
Nichol, E. Sterling and Fassett, David W., Miami 663
Otto, Thomas O., Miami 521
Paul, W. D., and Logan, William P., Lakeland 398
Perry, C. Larimore, Miami 219
Rogers, H. Milton, Keating, F. Raymond, Jr., Morlock, Carl G., and Barker, Nelson W., St. Petersburg 663
Sappenfield, Ralph S., and Adriani, John, Miami 663

J. K. ATTWOOD, Pharmacist
Medical Arts Building
1022 Park Street
JACKSONVILLE 4, FLORIDA
BIOLIGICALS TEST SOLUTIONS
STAINS (MICROSCOPIC)
PRESCRIPTIONS
Out-of-Town Orders Shipped by Return Mail

S. A. Kyle *Funeral Director*
MEMBER National Selected Morticians BY INVITATION
17 WEST UNION STREET
JACKSONVILLE 2, FLORIDA
Phones 5-3766 5-3767

CONVENTION PRESS
218 WEST CHURCH STREET
JACKSONVILLE
FLORIDA
CP
Commercial and
Publication
Printing

THE

CLINICIAN'S CHOICE



ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

A report† covering a comprehensive study reveals that the diaphragm-jelly technique is the overwhelming choice of clinicians versed in conception control.

In keeping with this authoritative opinion, we suggest the specification of the "RAMSES"* Prescription Packet No. 501 when you desire to provide the patient with the optimum in protection.

The quality of "RAMSES" Gynecological Products is the finest obtainable. They are available through all recognized pharmacies.

Active Ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division

JULIUS SCHMID, Inc.

423 West 55th Street, New York 19, N.Y.

quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

†Human Fertility 10: 25 (Mar.) 1945.

middle age + mental ease

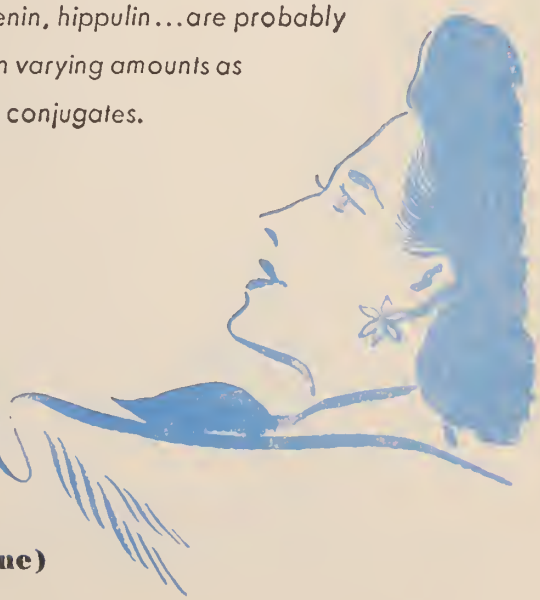


The woman in the climacterium may be disturbed by disquieting thoughts and foolish fears. Such mental anguish is oftentimes allayed when the physical symptoms associated with declining ovarian function have been relieved.

*"**Premarin,**" by bringing about remission of menopausal symptoms, restores mental ease in a majority of instances. Furthermore, there is a "plus" in "**Premarin**"...the gratifying "sense of well-being" usually experienced by the patient following administration of this naturally occurring, orally active estrogen.*

*Flexible dosage regimens to adapt treatment to the particular needs of the patient are made possible with "**Premarin**" Tablets of 2.5, 1.25, or 0.625 mg., and liquid—0.625 mg. per 4 cc. (one teaspoonful).*

*While sodium estrone sulfate is the principal estrogen in "**Premarin,**" other equine estrogens...estradiol, equilin, equilenin, hippulin...are probably also present in varying amounts as water soluble conjugates.*



"PREMARIN"®

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CONJUGATED ESTROGENS (equine)

Ayerst

Ayerst, McKenna & Harrison Limited 22 East 40th Street, New York 16, New York

4818

Pure..
Wholesome..
Refreshing



Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.

The pause that refreshes



A TOP NAME

IN AMPULE MEDICATION

Above all other dosage forms, the ampule must inspire the physician's confidence. Endo Products Inc. are pioneers in manufacturing this type of medication. Years of experience in this field have resulted in rigid criteria which guide the Endo ampule department in preparing products for parenteral use. The highest quality raw material, exacting chemical and biological tests, and meticulous supervision, assure the stability, purity, and therapeutic potency of the finished product. A full line of these fine products is carried in our stock at all times.

MEMBER
HOSPITAL·INDUSTRIES·ASSOCIATION HIA

MEMBER
AMERICAN SURGICAL TRADE ASSOCIATION A.S.T.A.



Anderson Surgical Supply Co.

Established 1916

Telephone 5-2560
40-42 W. DUVAL STREET
P. O. Box 1799
JACKSONVILLE 1, FLORIDA

Telephone M 8504
1101-1105 TAMPA STREET
P. O. Box 1228
TAMPA 1, FLORIDA

Telephone 7-4589
21 3rd STREET N.
ST. PETERSBURG, FLORIDA

One of America's Fine Institutions . . .



Dedicated to the Scientific Treatment

of Nervous and Mental Disorders . . .

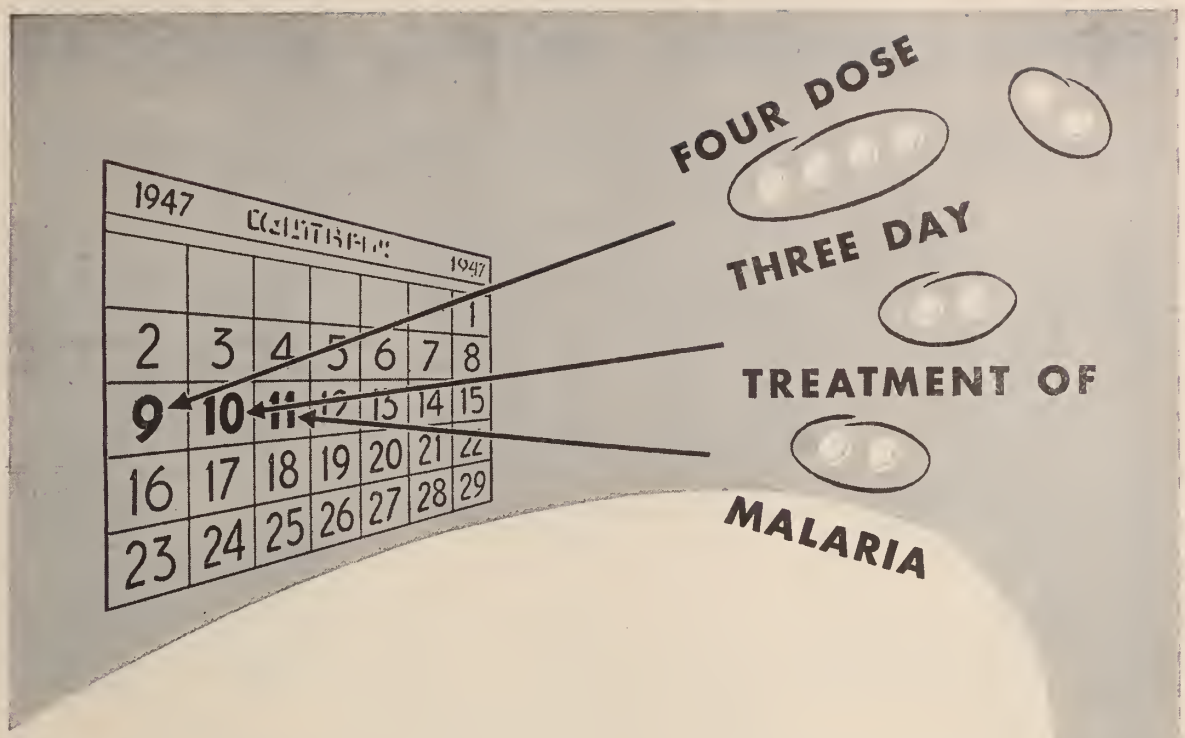
. . . In a Setting of Inviting Friendliness and Simple Grace.

. . . Reservations Necessary, Elevation 1,200 Feet

Newdigate M. Owensby, M.D., Psychiatrist-in-Chief,
Atlanta Office, 384 Peachtree St.
Willis T. McCurdy, M.D., Attending Physician
J. Rufus Evans, M.D., Attending Physician
Elizabeth Hancock, Psycho-Therapist
Eighty-five Consulting Physicians

BROOK HAVEN MANOR SANITARIUM
STONE MOUNTAIN, GA.

We do not treat acute alcoholic intoxication or narcotic addiction



The potency and efficiency of the new colorless, antimalarial specific, Aralen diphosphate (SN-7618), has greatly simplified treatment and suppression of malaria. The dosage scheme is very simple: For adults, 4 tablets initially; 2 tablets after six to eight hours and 2 tablets on each of two consecutive days (totaling 10 tablets in three days). This eradicates infection due to Plasmodium falciparum and terminates the acute attack of Plasmodium vivax infection.

Aralen diphosphate has been thoroughly investigated under the auspices of the National Research Council.

Available in tablets of 0.25 Gm., tubes of 10 and bottles of 100 tablets.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Write for Informative Booklet.

ARALEN DIPHOSPHATE

Brand of chloroquine diphosphate

Colorless Antimalarial Specific

ARALEN, trademark

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

WINTHROP-STEARNS

PROFESSIONAL MEN'S PROGRAM

A PLAN OF

INCOME PROTECTION WITH LIFETIME BENEFITS

Available to Eligible Members of the

★MEDICAL ★DENTAL ★LEGAL PROFESSIONS

Summary of Combined Benefits Provided in Policy Form UG 20N of United Benefit and PG 20N of Mutual Benefit

Monthly Benefit	Double Monthly Benefits for Specified Travel Accidents	Accidental Death Benefit	Double Accidental Death Benefit for Specified Travel Accidents
$400.00	$800.00	$10,000.00	$20,000.00

SPECIFIC ACCIDENT BENEFITS	Regular Indemnity	Specified Travel Accidental Death Benefit
Accidental Death	$10,000.00	$20,000.00
Loss of Both Hands	10,000.00	20,000.00
Loss of Both Feet	10,000.00	20,000.00
Loss of Both Eyes	10,000.00	20,000.00
Loss of One Hand and One Foot	10,000.00	20,000.00
Loss of Either Hand, Foot or Eye	3,000.00	6,000.00
Physician's and Surgeon's Fees, for nondisabling injuries	50.00	50.00

Accidental Benefits: MONTHLY DISABILITY BENEFITS		
Total Disability, per month, to age 60	$400.00	$800.00
Total Disability, per month, after age 60	200.00	400.00
Partial Disability, per month	160.00	320.00

Nonconfining Illness incurred prior to age 60:
Benefits payable up to age 61, per month $200.00
★Thereafter—even for a LIFETIME—per month 100.00

Nonconfining Illness incurred after age 60:
Benefits payable up to twelve months, per mo. 200.00
★Thereafter—even for a LIFETIME—per month 100.00

Confining Illness incurred prior to age 60:
Benefits up to age 60, per month 400.00
Thereafter—even for a LIFETIME—per month 200.00

Confining Illness incurred after age 60:
Benefits payable—even for a LIFETIME—per month $200.00

ADDITIONAL BENEFITS

Hospital Benefits (either illness or accident), per month $200.00
Nurse's Benefits (if hospital confinement not required), per month 200.00

FEATURES OF THIS PLAN

- Covers all accidents except certain air travel accidents.
- Covers all illness except venereal disease and insanity.
- Benefits payable for any injury incurred while flying as a fare-paying passenger in a scheduled aircraft.
- Waiver of Premium Provision.
- No reduction in benefits because of occupational change of duties.
- Nonaggregate—full limit of benefits paid for each disability.
- Double Limb Loss Benefits may be paid in one lump sum or in monthly installments for life provided total disability is incurred.
- Partial disability, Hospital and Nurse's benefits payable up to three months.
- No Automatic Termination Age.
- Pays disability benefits regardless of whether disability is immediate.
- Pays disability resulting from accidental bodily injury (the means or the act causing the injury is not a determining factor in the claim.)
- The Companies offer eligible members of your profession policies which guarantee your right to renew except for these reasons only: Nonpayment of premiums: if the insured leaves the practice of the profession: or, if renewals are declined on all like policies issued to members of your profession in your state. This means that the Companies cannot decline to renew any individual policy without similarly declining to renew all like policies issued to members of your profession in your state.

Address: Professional Department
Fifth Floor—Pan American Bank Bldg.
Miami, Florida

Please send complete information relative to program as offered in the Florida Medical Journal.

NAME .....

Address .....

Age .....

MUTUAL BENEFIT HEALTH AND ACCIDENT ASSOCIATION
OMAHA

UNITED BENEFIT LIFE INSURANCE COMPANY
OMAHA



"Guess the janitor got the wires crossed —

Better call the BYRON THOMPSON MAN"

PROBABLY *your* sterilizer never froze your instruments into ice cubes . . . but, anyhow, it's just as smart to depend on the Byron Thompson Man to keep your equipment up to snuff as it is to call him for the new equipment you need. Smart, too, to check up *before* an emergency to make sure you have everything you need when you need it.

Byron Thompson service is built for the profession. We have in stock more than 15,000 items of medical, surgical and laboratory equipment awaiting your call, day or night.

And our experienced, technically trained representatives are ready to help you out of any emergency. So, remember, no matter what your problem, no matter when . . . CALL THE BYRON THOMPSON MAN!

Byron Thompson & Company

INCORPORATED

ESSENTIALS FOR SCIENTIFIC PROGRESS

DISTRIBUTORS OF HOSPITAL, PHYSICIANS AND LABORATORY SUPPLIES AND EQUIPMENT

JACKSONVILLE • MIAMI • ORLANDO

The Brown Schools
INC.
FOR EXCEPTIONAL CHILDREN

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.
Medical Director
Box 3028, South Austin 13, Texas

Ambulance Service

FERGUSON FUNERAL HOME, INC.
1201 South Olive
WEST PALM BEACH, FLA.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquors withdrawn gradually; no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101



HOYE'S SANITARIUM
"In the Mountains of Meridian"
Meridian, Mississippi

Diagnosis and treatment of mild nervous and mental diseases and alcoholics.

Shock Therapy (Insulin, Metrazol, Electro-shock) and other approved treatments.

Patients too violent, noisy and untidy not accepted. Morphine addicts not accepted under any circumstances.

Consulting physicians.

Dr. M. J. L. Hoye
Fellow of the American Psychiatric Association



In *Cheilitis* from LIPSTICK

Intractable exfoliative lip dermatoses may often be traced to eosin lipstick dyes. Remove the offending irritants, and the symptoms often disappear. In lipstick hypersensitivity, prescribe AR-EX NON-PERMANENT LIPSTICK—so cosmetically desirable, yet free from all known irritants. *Send for Free Formulary.*

PRESCRIBE
℞
AR-EX
NON-PERMANENT
LIPSTICK

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST. CHICAGO 7, ILL.



Beautiful Miami Medical Center

P. L. DODGE, M. D.
Medical Director and President

1861 N. W. South River Drive
Phones 2-0243 — 91448

Write or call for information

A private hospital in a most picturesque setting. Facilities for treatment of acute medical and convalescent cases. Especially equipped for care of nervous and mental disorders, drug and alcoholic habits, Psychotherapy, Diathermy, Hydrotherapy, and Electric-Shock therapy scientifically given. New General Electric fever cabinet therapy.

THE TUCKER HOSPITAL, Incorporated

212 West Franklin Street (Corner of Madison) **RICHMOND, VIRGINIA**



Private Hospital for neurological cases under the charge of Drs. Beverly R. Tucker, Howard R. Masters and James Asa Shield. Department of Physiotherapy.

MIAMI RETREAT SANATORIUM

FOUNDED 1927

For Nervous and Mental Disorders, Alcohol and Drug Addiction

STAFF OF EIGHT NEUROPSYCHIATRISTS
New X-Ray Diagnostic Treatment Facilities
Comfortable AIR-CONDITIONED rooms, suites

79TH STREET AT MIAMI AVENUE
MIAMI 38, FLORIDA
Phone 7-1824



The Mary E. Pogue School

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M. D.
Medical Director

Barclay J. MacGregor
Registrar

33 Geneva Road, Wheaton, Illinois (near Chicago)

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	William C. Roberts, M.D. 348 Cove Blvd. Panama City	Russell T. Stewart, M.D. Panama City		13	6	
	Escambia *Santa Rosa*	Joe I. Turberville, M.D. Century	Nathan S. Rubin, M.D. 5 E. Gregory St. Pensacola	2nd Tuesday 8:00 P.M.	60	49	
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	2	A-1-50 William P. Hixon, M.D. Pensacola
	Jackson *Calhoun*	Courtland D. Whitaker, M.D. Burton Bldg. Marianna	Francis M. Watson, M.D. 120 Deering St. Marianna	3rd Thursday 7:30 P.M.	15	14	
	Walton-Okaloosa	Ralph B. Spires, M.D. DeFuniak Springs	Arthur G. Williams, Sr. Lakewood	3rd Thursday 8:00 P.M.	13	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Chipley		5	100%	
B	Columbia *Baker-Hamilton*	W. M. Ives, M.D. 20 W. Madison St. Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	14	100%	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	Taylor W. Griffin, M.D. Quincy	Edward C. Love, Jr., M.D. Masonic Temple Bldg. Quincy	Quarterly 7:30 P.M.	45	40	A-2-49 Irby H. Black, M.D. Live Oak
	Madison-Suwannee	C. LeRoy Adams, Jr., M.D. Parshley Bldg. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		9	8	184
	Taylor *Dixie-Lafayette*	Walter J. Baker, M.D. Foley	Ralph J. Green, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
C	Alachua *Bradford, Gilchrist Union*	J. Maxey Dell, Jr., M.D. 331 W. Main St., S. Gainesville	F. Emory Bell, M.D. Box 400 Gainesville	2nd Tuesday 8:00 P.M.	34	32	
	Duval *Clay*	John A. Beals, M.D. 1900 Boulevard Jacksonville	Elmer E. Leitner, M.D. 33 W. Ashley St. Jacksonville	1st Tuesday 8:15 P.M.	235	211	
	Marion *Levy*	Hugh H. Barfield, M.D. 1317 S. Orange St. Ocala	Bertrand F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12.30 P.M.	31	25	B-3-50 Charles C. Grace, M.D. St. Augustine
	Nassau	David G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	Last Friday 8:00 P.M.	8	7	
	Putnam	Edward W. Ford, M.D. Crescent City	James W. Davidson, M.D. 6 S. Main St. Crescent City	2nd Tuesday 6:00 P.M.	8	7	
	St. Johns	Hardgrove S. Norris, M.D. 168 Marine St. St. Augustine	S. Raymond Cafaro, M.D. Exchange Bank Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	100%	
D	Brevard	I. Kimbell Hicks, M. D. Melbourne	Theodore J. Kaminski, M.D. Box 576 Melbourne	2nd Tuesday	15	12	
	Lake *Sumter*	Howard G. Holland, M.D. 1112 W. Main St., Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	24	17	B-4-49 Rabun H. Williams, M.D. Eustis
	Orange *Osceola*	Rollin D. Thompson, M.D. Box 3513 Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	132	128	
	Seminole	Harry Z. Silsby, M.D. Box 642 Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	11	100%	
	Volusia *Flagler*	Charles E. Tribble, M.D. DeLand	Robert L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	49	48	562
E	Hillsborough	Douglas D. Martin, M.D. 442 W. Lafayette St. Tampa	Herschel G. Cole, M.D. 315 Wallace S. Bldg. Tampa	1st Tuesday 8:00 P.M.	138	135	
	Manatee	Millard P. Quillian, M.D. Walcaid Bldg. Bradenton	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	3rd Tuesday 7:00 P.M.	18	17	C-5-49 John M. Butcher, M.D. Sarasota
	Pasco-Hernando-Citrus	William G. Mason, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	14	12	
	Pinellas	M. Eldridge Black, M.D. 311 Coachman Bldg. Clearwater	Whitman C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg	1st and 3rd Thursdays 6:30 P.M.	160	156	
	Sarasota	John M. Butcher, M.D. 209 Commercial Ct. Sarasota	Talmadge S. Thompson, M.D. Box 224 Venice	2nd Tuesday 8:30 P.M.	23	22	
	DeSoto-Hardee-Highlands-Charlotte-Glades	Zaven M. Seron, M.D. Sebring	Howard V. Weems, M.D. 22 Oak St. Sebring	2nd Tuesday 8:00 P.M.	25	24	C-6-50 H. Quillian Jones, M.D. Ft. Myers
	Lee *Collier, Hendry*	Harvie J. Stipe, M.D. 210 Richards Bldg. Ft. Myers	H. Quillian Jones, M.D. 311 Professional Bldg. Ft. Myers	3rd Tuesday 7:30 P.M.	21	20	
	Polk	Chester H. Murphy, M.D. Bartow	John W. Vaughn, M.D. Box 475 Lakeland	2nd Wednesday 7:00 P.M.	73	67	472
F	Indian River	James C. Robertson, M.D. Vero Beach	William L. Fitts, 3rd, M.D. Vero Beach Arcade Vero Beach	2nd Tuesday 8:00 P.M.	8	6	
	Palm Beach	Victor Clarholm, M.D. Box 672 West Palm Beach	Ralph M. Overstreet, Jr., M.D. 820 Comeau Bldg. West Palm Beach	3rd Monday 8:00 P.M.	84	80	D-7-50 Erasmus B. Hardee, M.D. Vero Beach
	St. Lucie-Okeechobee-Martin	Hugh B. Goodwin, Jr., M.D. Arcade Bldg. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	13	10	
G	Broward	Milton N. Camp, M.D. 720 Sweet Bldg. Ft. Lauderdale	Alva R. Taylor, M.D. 414 Blount Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	64	100%	
	Dade	Robert T. Spicer, M.D. 404 Ingraham Bldg. Miami	Benjamin G. Oren, M.D. 628 duPont Bldg. Miami	1st Tuesday 8:30 P.M.	472	387	D-8-49 Russell B. Carson, M.D. Ft. Lauderdale
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	Herman K. Moore, M.D. 811 United St. Key West	2nd Thursday 8:00 P.M.	11	10	652

*Supervise and aid until organized separately

Total 1,87

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	Joseph S. Stewart, Miami	Robert B. McIver, Jacksonville	Belleair, 1948
Florida Medical Districts	Herman Watson, Lakeland	Council Chairman	
A-Northwest	Irby H. Black, Live Oak	William P. Hixon, Pensacola	Live Oak, 1948
B-Northeast	Rabun H. Williams, Eustis	Charles C. Grace, St. Augustine	Daytona Beach, 1948
C-Southwest	John M. Butcher, Sarasota	H. Quillian Jones, Ft. Myers	Bradenton-Sarasota, 1948
D-Southeast	Russell B. Carson, Ft. Lauderdale	Erasmus B. Hardee, Vero Beach	West Palm Beach, 1948
Florida Specialty Societies			
Derm. and Syph., Soc. of	A. Buist Litterer, Miami	Wesley W. Wilson, Tampa	
Genl. Practice of Med.	M. Crego Smith, Clearwater	Walter E. Murphree, Gainesville	
Health Officers' Society	Roger F. Sondag, Jacksonville	Lorenzo L. Parks, Jacksonville	
Industrial & Railway Surgeons	F. Hardy Bowen, Jacksonville	J. H. Mitchell, Jacksonville	
Neurology & Psychiatry	James G. Lyerly, Jacksonville	William H. McCullagh, Jacksonville	
Ob. and Gynec. Society	Chas. J. Collins, Orlando	Dorothy D. Brame, Orlando	
Ophthal. & Otol., Soc. of	Bascom H. Palmer, Miami	W. Jerome Knauer, Jacksonville	
Orthopedic Society	Charles B. Mabry, Jacksonville	Eugene L. Jewett, Orlando	
Pathological Society	James N. Patterson, Tampa	Gretchen V. Squires, Pensacola	
Pediatric Society	Edgar W. Stephens, W. P. Beach	Hugh A. Carithers, Jacksonville	
Proctologic Society	Dean W. Hart, St. Petersburg	Frederick E. Farrer, Miami	
Radiological Society	James F. Pitman, Lake City	Floyd K. Hurt, Jacksonville	
Urological Society	Milton M. Coplan, Miami	Russell B. Carson, Ft. Lauderdale	
Florida—			
Academy, Public Medicine	Robert T. Spicer, Miami	Shaler Richardson, Jacksonville	
Basic Science Exam. Board	Paul A. Vestal, Winter Park	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 23-June 5, '48
Dental Society, State	Horace L. Cartee, D.D.S., Miami	John I. Todd, D.D.S., Jacksonville	Hollywood, Dec. 12-15, 1948
Hospital Association	Mr. James T. Pate, Jacksonville	Mr. H. A. Schroder, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, June 29-30, 1948
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 28-July 3, '48
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert E. White, St. Augustine	
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Helen Shearston, Miami	West Palm Beach, Fall, 1948
Pharmaceutical Association, State	Mr. D. M. Weaver, Miami	Mr. R. Q. Richards, Ft. Myers	
Public Health Association	Wilson T. Sowder, Jacksonville	Mr. Fred B. Ragland, Jacksonville	Panama City, Oct. 7-9, 1948
Tuberculosis & Health Assn.	Mr. Lacy G. Thomas, Groveland	Mr. E. W. Crouch, Foley	
Woman's Auxiliary	Mrs. L. E. Parmley, Winter Haven	Mrs. C. R. Morgan, Jr., Miami	Belleair, 1948
American Medical Association	Edward L. Bortz, Philadelphia	Geo. F. Lull, Chicago	Chicago, June 21-25, 1948
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	J. Paul Jones, Camden, Ala.	Douglas L. Carnon, Montgomery	Montgomery, Ala., Apr. 19-21, 1949
Georgia, Medical Assn. of	Edgar Hill Greene, Atlanta	Edgar D. Shanks, Atlanta	Savannah, Ga., May 10-13, '49
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Allergy Assn.	J. Warrick Thomas, Richmond, Va.	Kath. B. MacInnis, Columbia, S. C	
Southeastern, Am. College Phys.	Webster Merritt, Jacksonville	Florida Program Chairman	Atlanta, 1948
Southeastern Am. Urological Assn.	Harold P. McDonald, Atlanta	Russell B. Carson, Ft. Lauderdale	Boca Raton, March, 1949
Southeastern Surgical Congress	Gilbert Douglas, Birmingham, Ala.	B. T. Beasley, Atlanta	

Every available means for checking has been used. Notification of errors or omissions should be mailed to P. O. Box 1018 (Fla. Theatre Bldg.), Jacksonville 1, for use in compiling the next Journal.

BACKGROUND

The use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for over three decades, has received universal pediatric



recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose.

NEW YORK ACADEMY OF MEDICINE
2 E 103RD ST
NEW YORK N Y 29

The New York Academy of Medicine

THIS BOOK MUST NOT BE RETAINED FOR LONGER THAN ONE WEEK AFTER THE LAST DATE ON THE SLIP UNLESS PERMISSION FOR ITS RENEWAL BE OBTAINED FROM THE LIBRARY.